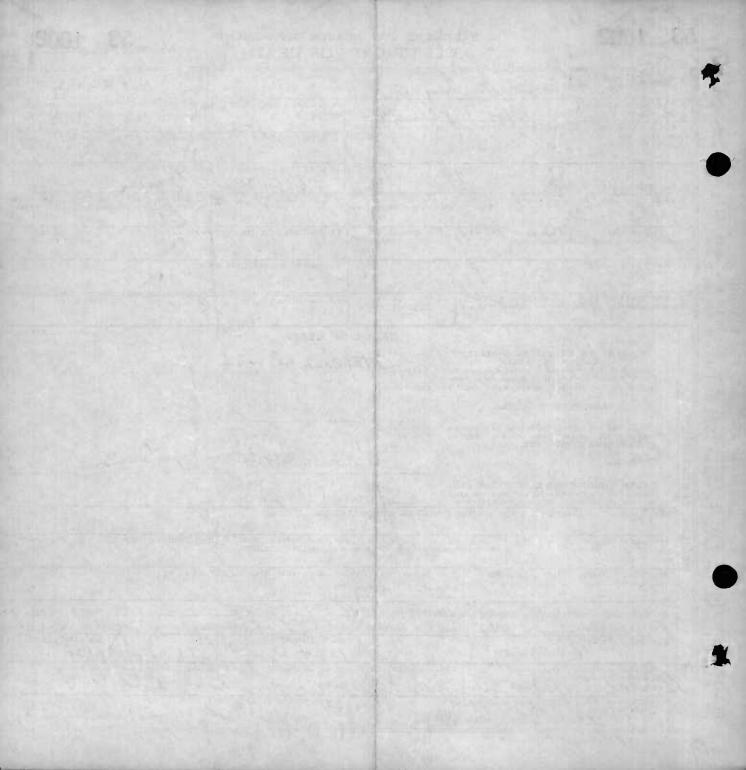
-	
1	
	۱
leg	
and	
rly	
clea	
ath	
f de	
es o	
caus	
the	
write	
please	
Physicians:	
important.	
ally	
especi	
IS	
age	
orrect	

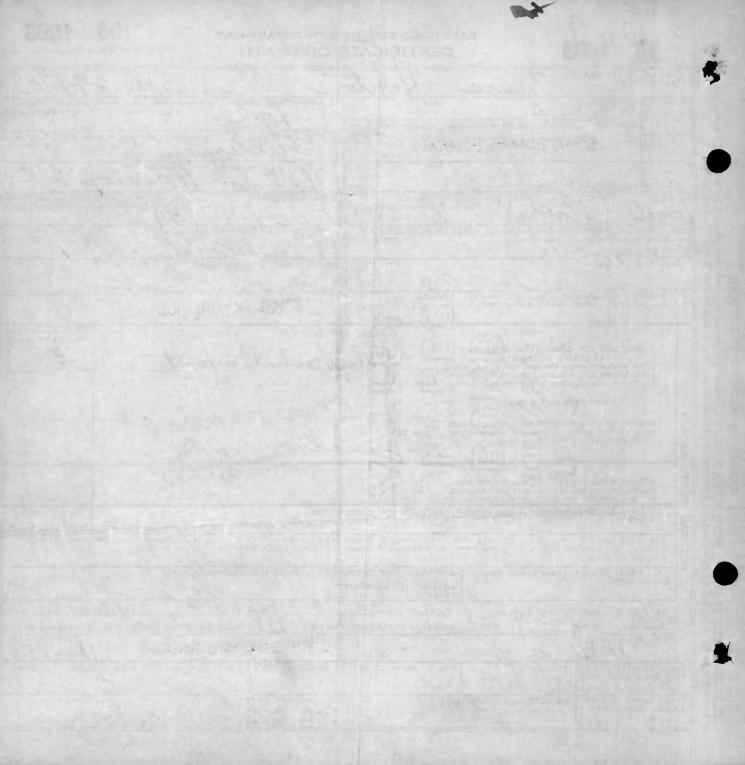
1	4 1	200		
ae l	5 BII	3 1001 BALTIMORE CITY HE CERTIFICATI		53 1.001
ed. T	1. (T)	NAME OF DECEASED ype or Print) Rachel Hicks	2. DATE OF DEATH BY	a. 28th.1953
supplied.	A. B. I	PLACE OF DEATH: Baltimore City, Maryland Balto City FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)		TY before admission
113	IN	DESPITAL OR STITUTION 15 Sauth Caroline Street Yrs.	Baltimore D. STREET ADDRESS (If rural, give locations)	e limits write RURAL and give township
be can		Length of stay in Baltimore 80 Yrs. Mos. Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.]	15 South Caroline S	Street Array If Under 1 Year If Under 24 Hours
on should be	10/	MIDOWED, DIVORCED (Specify) Widow A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	Aug. 15.1863 89 11. BIRTHPLACE (State or foreign country)	y) Months Days Hours Min.
tion s		Domestic Home FATHER'S NAME	Cambridge Md. 14. MOTHER'S MAIDEN NAME	U.S.A.
information is of death cle	15. (Yes	Kemp Henry . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL	Martha Sauntres 17. INFORMANT	ADDRESS
of		0	Irene Conway 15 S. Care	interval Between
y it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	Cardio-Yeual	2-34
		injury or complication which caused death.) DUE TO	. Cul ar Jinear	e li
G INK. : please	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
UNFADING Physicians: p	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-		
-	CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
, WITH	DICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office hidg., e		YES NO City, give exact location)
	ME.	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE		
TE PLAI s especially		22. I hereby certify that I attendeft the deceased from		
374		deceased alive on , 19 , and that death occur 25A. SIGNATURE 2 M.D. 2	rred atm., from the causes and 23B. ADDRESS	on the date stated above
PLEASE v	Bu	A. BURIAL, CREMA- DN, REMOVAL (Specify) 1/30/1953 Mt Calvery	Com. Brooklyn	wa .
PLE	LO	ATE RECEIVED BY REGISTRAR'S SIGNATURE.	Elioy Wilson 1000	Brankly
		VS 150	1 0 0	

- (One brill as throwing

VS 150

53	f00 1.00	2		EALTH DEPARTMENT	Registered N	1002
1.	NAME OF D ype or Print)	ECEASE	Railey		2. DATE OF DEATH /- 2-0	
B. HC	PLACE OF D Baltimore (FULL NAME OSPITAL OR STITUTION	EATH: City, Maryland	3/6 Myrtle augle after institution, give street address of location			nstitution : residence lefore admission
6.	Length of s	tay in Baltimore	Yrs, Mos. Days	D. STREET ADDRESS (I	f rural, give location)	
	Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		linder I Year If Under 24 Hours this Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME	?	14. MOTHER'S MAIDEN N	NAME /	
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	2 AC	DDRESS
ATION	OISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It mer complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e.g., ans the disease, caused death.) SES (B)	rio-polilorosis		ONSET AND DEATH
CERTIFIC	TO THE E	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	NOT RELATED	rouic Cardia.	c Hyperleuse	20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		(If in Baltimore City, g	YES NO Live exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE MORK AT WORK		RY OCCUR?	
2.4 TIC	22. I hereb deceased a 23A. SIGNA 4A. BURIAL, ON REMOVAL (live on Toke M Card CREMA- 24B DATE		erred at 9a, m., from 23B. ADDRESS 1524 Price		1-26-53
	ATE RECEIVE DCAL REGIST	TDAD LONG	s signature.	25 FUNERAL DIRACTOR	21000 Oca	ADDRESS THE





W		1212								59	4004
W	3	3 1 1004		BA			OF DEA		Registe	ored No	1.004
Á	1.	NAME OF DE	CEASED		٥				2. DATE	1/	4
ied.		ype or Print)	MIL	h13, 1	Frank) WIEI	EPSKI		OF DEATH	1/20	153
supplied.	A.	Baltimore Ci	ty, Maryland				4. USUAL RESI	DENCE (W	here deceased li		tution: residence before admission)
y su	H	FULL NAME O OSPITAL OR ISTITUTION	F (If not in hos)	pital or institu	tion, give street	address or location)	c. CITY OR TOV	VN (If	outside corporat	e limits, wri	ite RURAL and give
	77	1	mwer.	82 dy \$	to spida		Dune	salle) 5	3-5	township)
car	3	Langth of ste	y in Baltimore	life		Yrs. Mos.	LQ 15	X-	ural, give locati	on)	
ADING information should be can of death clearly and legi			COLOR OR RAC		E MARRIED.	Days	B. DATE OF BIR	H H	9. AGE (In ye		
ould ly a		111	W	1 m	mira		une 2, 188		69	y) Months	Days Hours Min.
sh lear	work	done during most of	UPATION (Give kied vorking life, eveo If retire	od)	7 1 1 1 1	NDUSTRY	11. BIRTHPLACE		altimore		CITIZEN OF WHAT COUNTRY?
tior th c		FATHER'S ONA		U.E.	SEA Foo	-	14. MOTHER'S				U.S.A.
NG dea		, 11	anle	will	3 (Wiele	epski)	Ross	?			REI ALL
BINDING of inform uses of des	(Yes	, oo or uokoowo)	EVER IN U. S. ARM (If yes, give wer or de	ED FORCES?	16. SOCIAL SECURI		17. INFORMANT Marie Scha		ight. 273	ADDR	
		18. 5./			· C	CAUSE	F DEATH	,	26, 212	[1	INTERVAL BETWEEN
FOR item			OR CONDITION EADING TO DE		1	AAALAA	andi.	1. C.			ONSET AND DEATH
2		(This does not heart failure	ot mean the mode, asthenia, etc. It m	of dying, e. :	se,	Ankor	malaj	W 46	renu		or days
~			omplication which		a.) DUE TO	001					>
RESEI INK.	NO		OR CONDITIONS		(B)	Mas	mosch	BU	***************************************		4
	AT	RISE TO THE	ABOVE CAUSE (A	A) STATING TI	HE DUE TO	dial	reter u	y Man	78		8+ wears
MARGIN I UNFADING Physicians: I	FIC				(C)						()
MAF VFA ysic	ERT		II SNIFICANT CON TO THE DEATH, BU								
	Ü		EASE OR CONDITIO	ON CAUSING		OF OPERA	TION				20. AUTOPSY?
WITH tant.	CAL		0								YES NO X
, WITH	EDI	21A. ACCIDE LYING☐ OR CAUSE OF D	NT WAS UNDER CONTRIBUTING		ACE OF INJUI farm, factory, street				in Baltimore	City, give e	exact location)
	Σ		onth) (Day) (Yes	r) (Hour)	21E. INJURY	OCCURRE	D 21F, HOW D	ID INJURY	occur?		
ally		OF INSORT		m.	WHILE AT WORK	NOT WHILE		~ 1/		-	
TE PI especia		22. I hereby	certify that I a	ttended the	deceased fr	om/3	1 30/07/	13, to /2			at I last saw the
ITE is esp		deceased alia			and that dec		ed at	n., from th	e causes and		ate stated above.
0	2	A BURIAL CO	EMA- 24B. DATE	1010-	O AG NAME OF	M. D.	Y OR CREMATOR	12020	CATION (City,	1000	20/63 Junty) (State)
PLEASE correct ag	TIC	n, REMOVAL (Spe Buri	ecify) Jan 31				f Mary Cem		Baltimor		and) (State)
LE	DA	ATE RECEIVED	BY REGISTRA	R'S SIGNATI			25. FUNERAL D	IRECTOR		ADI	DRESS
що		BREDOG	353 41-1	: 370	rily li	1.0	2601-9-	Mar Mar	ral Home, dison St.	Inc.	
TAY.		VS 150	Jure	8	6	906	3				

information should be can of death clearly and legib

em of in

Every iter

INK.

UNFADING Physicians: p

important.

especially

TE

write

BINDING

FOR

RESERVED

MARGIN

BALTIMORE CITY HEALTH DEPARTMENT

1005

Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Anna (Annie) Williams DEATH Jan. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. of (If not in hospital or institution, give street address or Little Sisters of the Peop) HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give 1200 Valley St.. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1200 Valley St .. c. Length of stay in Baltimore Dava 9. AGE (In years If Under I Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours | Min. Female White Widowed Dec.17.1870 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. Housw-wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Williams Margaret Whelan 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Anna Tully 1200 Valley St., none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK 192 3. to. 22. I hereby certify that I attended the deceased from_ 1923, that I last saw the and that death occurred at 30 Am., from the causes and on the date stated above. deceased alive on Lan 28 19.53 23A. SIGNATURE 23B. ADDRESS 23¢. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) **31**-1953 Burial Holy Cross BrooklvNic DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Strong 3207 W. North Ave., G. Howard untenflower

VS 150

Charles and the Own population of a second

VS 150

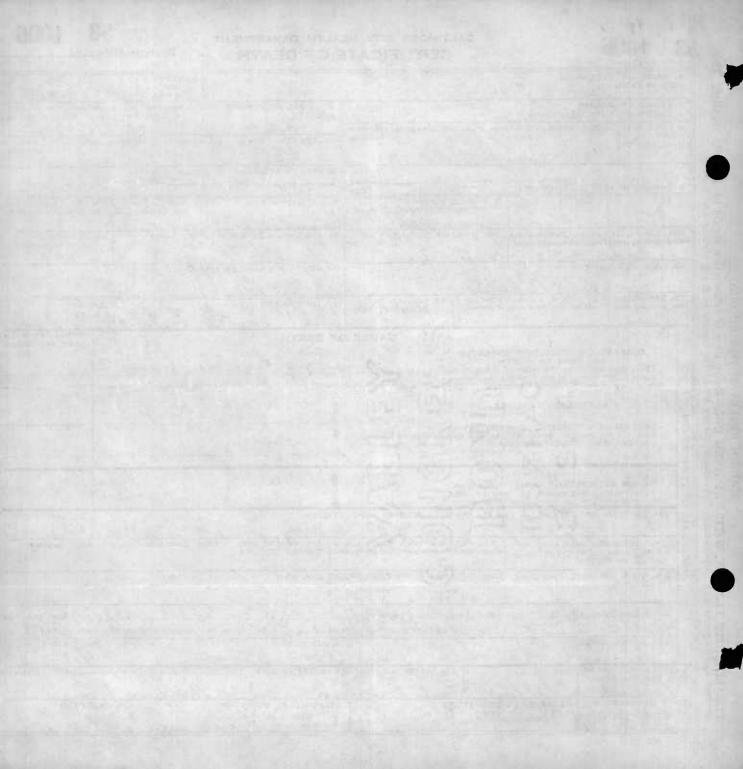
ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) 191 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS

1006

before admission)

II Under 24 Hours

WHAT COUNTRY



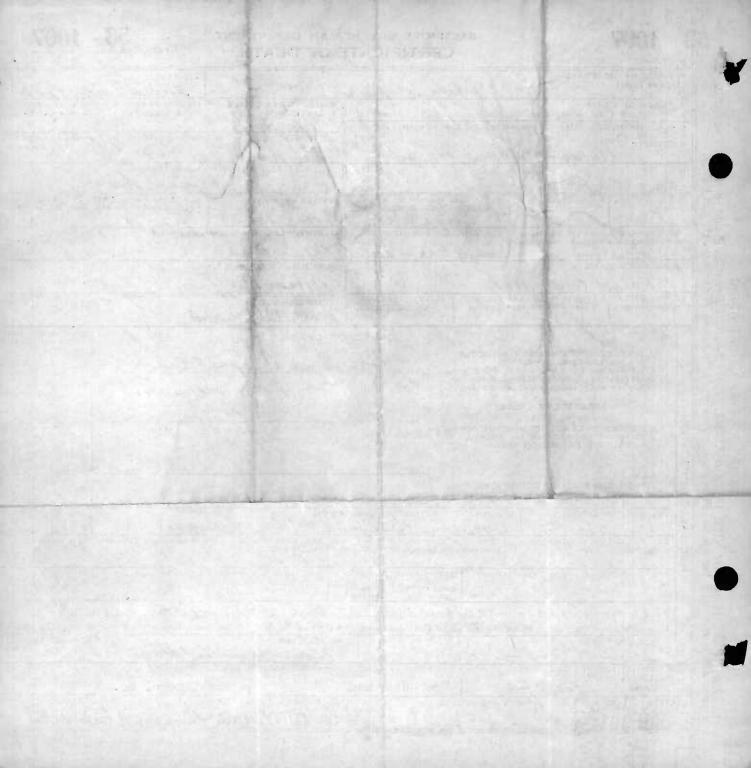
MARGIN RESERVED FOR BINDING

1000

10	5	1007 BALL	IMORE CITY HE	ALIH DEPARIMENT	Registered No.	1.007
he	В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	0
I. T	1. (T	NAME OF DECEASED Type or Print)	1 0		2. DATE OF 2 G	Ta. 1652
supplied		PLACE OF DEATH: Made	leine Anne	4. USUAL RESIDENCE (W		
Idns	II	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution	n. give street address or	Mary/and	B. COUNTY	before admission
ly s	H	OSPITAL OR NSTITUTION	location)		outside corporate limits,	white WRAL and give township
17.		I Union Memorial +	tospital.	Bustimore	10	township
ca	1	Tanah dan in Pakin	59 Yrs. Mos.		rural, pive location)	
		. Length of stay in Baltimore SEX [6. COLOR OR RACE] 7. SINGLE.	Days MARRIED.	8. DATE OF BIRTH	9. AGE (In years III	Inder 1 Year If Under 24 Hours
ıld an			D, DIVORCED (Specify)	4 Aug 1893	last birthday) Mon	ths Days Hours Min.
should be early and I	ic		F BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12 CITIZEN OF WHAT COUNTRY
on cle		Secretary Danuel	Kirk my Dous	Maryland		USA.
ath	13	3. FATHER'S NAME	Jewelry (R)	14. MOTHER'S MAIDEN NA	ME	
orn f de	1.5	Kobert C: Dudley. 5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	HILLE Caff	rey	
information is of death cle	(Ye	es, no or unknown) (If yes, give war ur dates of service)	SECURITY NO.	17 INFORMANT	AD	DRESS
ry item of in	-	18. / 53 ×	CALISE	OF DEATH		INTERVAL BETWEEN
iten e ca		DISEASE OR CONDITION DIRECTLY		1		ONSET AND DEATH
ty e th		(This does not mean the mode of dying, e.g.,	(A) Cax	cinoma a Sigmon	d Eolon	
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		I E M	letastaras -	
-		ANTECEDENT CAUSES				
INK.	O	DISEASES OR CONDITIONS, IF ANY, GIVING				
1 d	AT	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
UNFADING Physicians: 1	FIC		(C)			
FA 7Sic	RT	OTHER SIGNIFICANT CONDITIONS CON-				
UN	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************			
E. t.	AL	10 22 52 1 10 .	FINDINGS OF OPER	id colon = meta	entre i a i	20. AUTOPSY?
WITH rtant.	DIC	21A. ACCIDENT, SUICIDE, 21B. PLAC	E OF INJURY (e. g., i	or 21c. WHERE DID (1	f in Baltimore City, gi	
Y, Ipor	AET.	HOMICIDE (Specify) about home, far	m, factory, street, office bldg., o	INJURY OCCUR?		
FE PLA Y, WITH especially important.	2	OF INJURY	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
PLA ecially			NORK NOT WHILE			
Peci		22. I hereby certify that I attended the d	eceased from	2 Dec , 1952, to 2	-9 JAN , 1953	that I last saw th
ITE		deceased alive on 29 JAV, 1953, at 23A, SYNATURE		red at 4 2 A.m., from to	re causes and on the	e date stated above 23c. DATE SIGNED
WRITE e is esp	+	Thos. los. mouly fr.	M. D.	Union Mesur	al Hosp	29 Jan 53
0.0	2. TI		C. NAME OF CEMETE		OCATION (City, town, o	or county) (State)
PLEASE correct a	11-	-/ 2-/ 22	New Cathedral		ltimore, Md.	
PLI		OAL REGISTRAR	E C	25. FUNERAL DIRECTOR	A 000	ADDRESS
		JAN 311 1059 HT IL STOLL	William Ad The	no. w. Vyjervo"	TXJOLL 805 PLE	selver sor.

VS 150

S 6



	II	
	63	ga
	be	nd 1
	nld	y an
	sho	arl
	on	cle
r h	nati	ath
NI	orn	de de
QN	inf	s of
BI	of	nse
OR	tem	ca
F	y i	the
ED	ver	rite
RV	H	W
SE	KK.	ase
RE	I	ple
MARGIN RESERVED FOR BINDING	ING	us:
RG	AD]	cia
MA	NF	lysi
	5	Ph
	TH	ot.
	IM	rtaı
	K,	odu
		Ę
	['A	ally
	P	peci
-	PLEASE WITTE PLA Y, WITH UNFADING INK. Every item of information should be compared to the company of the compa	esi
3	F	IS IS
	田	age
	AS	set
	LE	OFF
	P	Ö

462 3 1008 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
1 NAME OF DECEASED	

1008 Registered No.

BIRTH NO.	3		CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF D (Type or Print)	ETH:	EL E.	ALRICH		2. DATE OF DEATH Ja	n.28,1953
3. PLACE OF D	City, Maryland	Baltim	ore, Md.	4. USUAL RESIDENC	E (Where deceased lived.) B. COUNTY	f institution: residence before admission
B. FULL NAME			tion, give street address or			1111
HOSPITAL OR	0 500 7 7		location)	c. CITY OR TOWN		its white RARAL and give township
40)	3522 E.I	airmo	unt Ave	Baltimore	Ve	township
00			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	1
	stay in Baltimore		Days		mount Ave.	
5. SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify) WIGOW	July 26,188	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
Hou	of working life, even if retired)	A	t. Home	Harford Co	untv Md	U.S.A
13. FATHER'S	NAME			14. MOTHER'S MAIDE		0.D.A
	Dennis			Alice Mit	chel	1/
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Ave. 21
No	(500) Brio Han 01 Gallo	. 01 501 1100)	SECURITY NO.	Mrs. Joseph	Eierman 3522	E.Fairmount
18. /9	9.6		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This does	LEADING TO DEA	TH	- mela	static car	emong	5 month
heart failu	ire, asthenia, etc. It mea	ns the discas	se.	statie Car	stella - 3 mg	
injury or	complication which	aused death	i.) DUE TO	ei noma (p.		n Unet
6 19	ANTECEDENT CAUS	SES	· ·	(esame)		- Cupu
DISEASE	S OR CONDITIONS, I	F ANY. GIVI	(B)			
RISE TO T	THE ABOVE CAUSE (A)	STATING TI		make a ne	essedien.	Braro
5			(c)	which		7 days
TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATE	ED.	- Felera	***	Auknon
0	ISEASE OR CONDITION		5.2 5.5 5			
1	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
21A. ACCIE LYING □ O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL.	ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		JURY OCCUR?	
		m.	WORK AT WORK			
22. I hereb	y certify that I att	tended the	deceased from a	y. 9 3, 1957, to	Jan. 28 , 19V	3, that I last saw th
	live on pen. 28	_, 19 5.	and that death occur		m the causes and on	
23A. 51GM	. arti	juan	M. D.	2942 E.9	Ingette St.	1/29/53
tion removal (s Burial	CREMA- 248. DATE		24c. NAME OF CEMETE		DOCATION (City, tow	
Burial	1/31/	53	OAKLAWN C	EMETERY B	altimore, Md	
DATE RECEIVE	D BY REGISTRAR	. 1	,	25. FUNERAL DIRECT	SONS, Inc	XDORESS
1111111311	147 1 1 1 1	Ama Vi	17:3.0.3	Whath Ar Lb.	25.25.25.20	

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Norbert Tuder (Norbert Frank Tudor) 1-29-53 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR (If outside corporate limits, write BURAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2711 Mura St. Days information should be 9. AGE (In years 5 SEX 6. COLOR OR RACE 7. SINGLE. MARRIED 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. June 23, 1911 Male Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY Cook Packing Firm Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mester Elmer Tudor Rose Rosenberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 2711 Mura St. ADDRESS (Yes, no or unknown) SECURITY NO Mrs. Mary R. Tudor INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Coronary Occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from 1-29-53, 19, to 1-29-53, 19, that I last saw the , 19____, and that death occurred at_ _m., from the causes and on the date stated above. deceased alive on. 23A, SIGNATURE 23c. DATE SIGNED 1400 N. Caroline St. 24A. BUALL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

Burial

WRITE PLA

25. FUNERAL DIRECTOR

Holy Redeemer Cem.

SANDER & SONS.

Baltimore Md.

DATE RECEIVED BY

'eb.2.1953

REGISTRAR'S SIGNATURE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

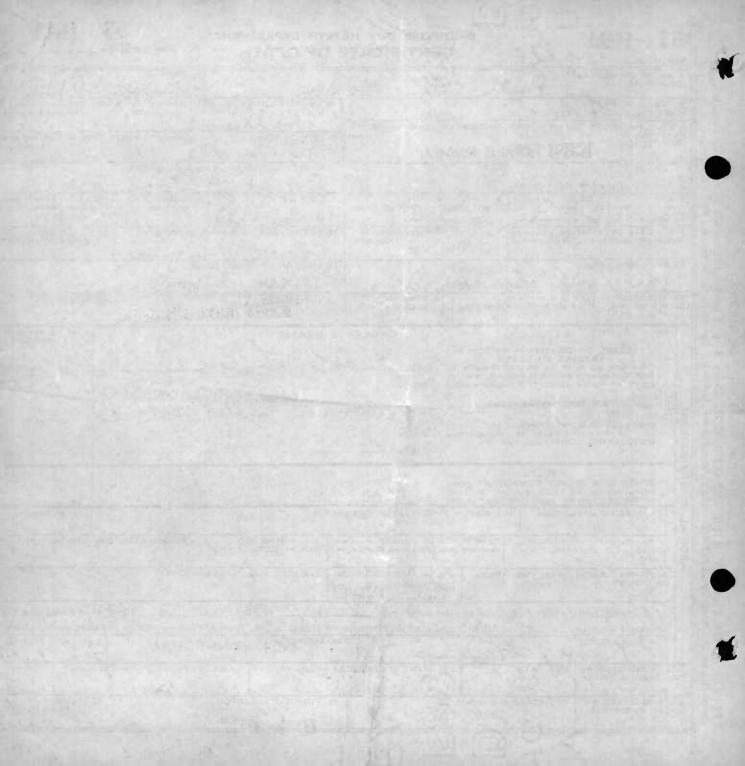
3 1010

Registered 1 BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JULIA E. WHITE OF Jan. 29, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 832 Cook's Lane Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. information should be ca 65 yrs. c. Length of stay in Baltimore 33 E.Mt. Vernon Place Davs 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) If Under 24 Hours last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Female White Oct. 30, 1857 Widowed 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Somerset Co. Md. U.S.A. Housework at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Henry Warfield Ford Virginia Scott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 3207 Glen Ave ADDRESS (Yes, no or unknown) SECURITY NO causes Ir. Gordon P. White (son) none No 18. 422. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 21A. ACCIDENT WAS UNDER-21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE ! 22. I hereby certify that I attended the deceased from Cliffy 70, 1957 to from 28, 194 , that I last saw the deceased alive on 18, 1953, and that death occurred at 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 28c. DATE SIGNED 24A. BURIAL, CREMATION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Jan. 31 Loudon Park Cemetery Burial Baltimore, Md. DATE RECEIVED BY MODRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR '& Sons, Inc LOCAL REGISTRAR

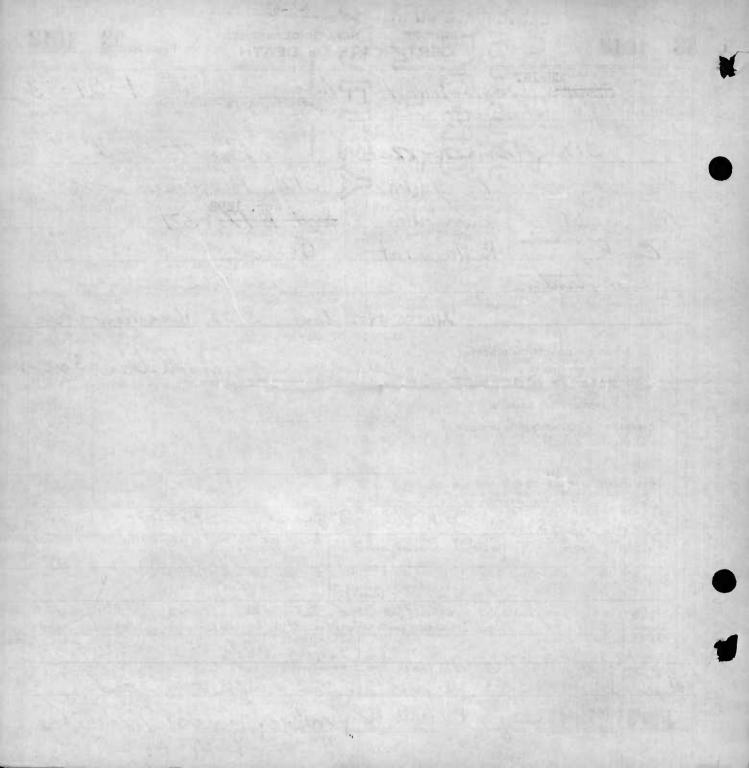
VS 150

RESERVED

nies was a title of the first

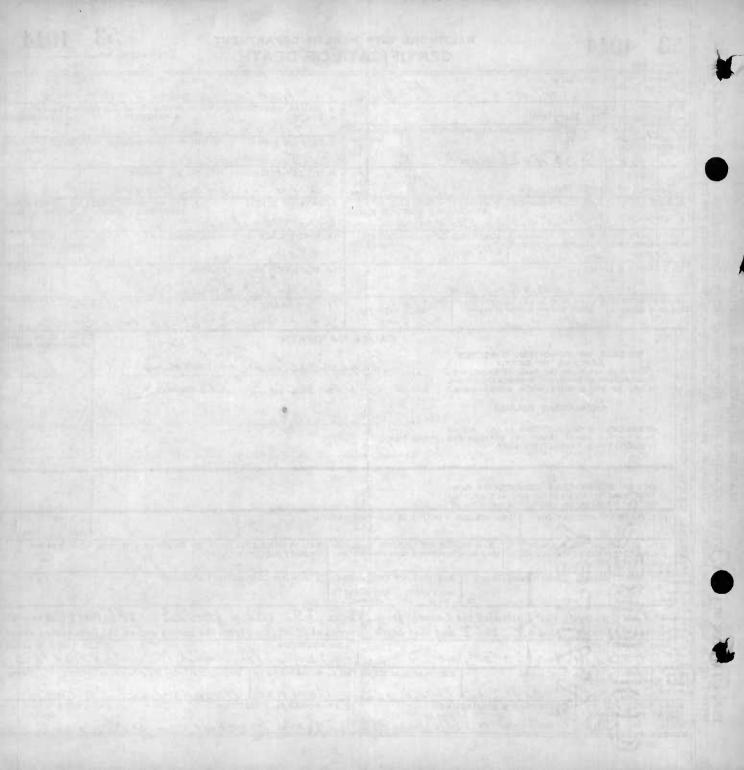


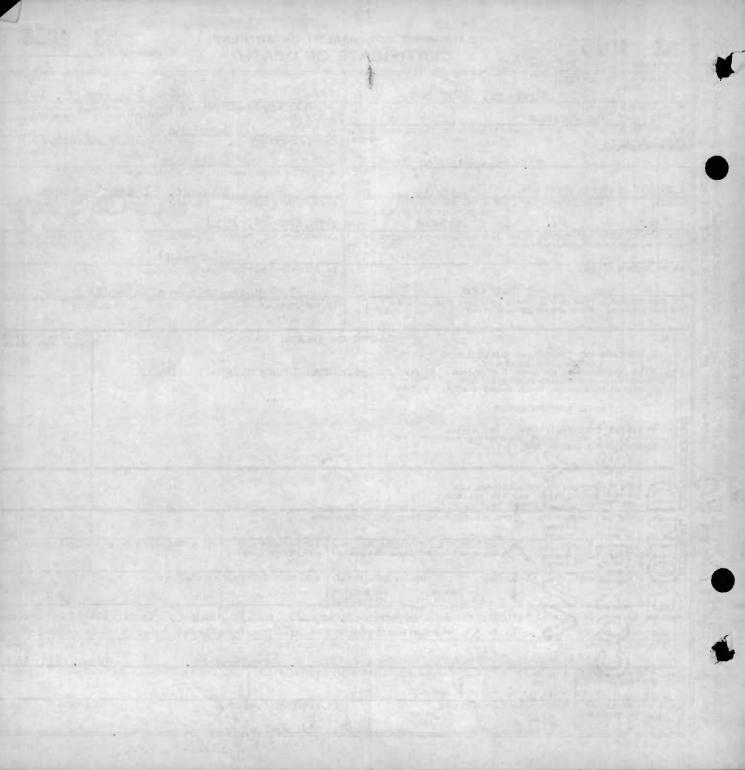
]] 4	425 CERTIFICATE CORRECTI		
53	4049	TE OF DEATH Registered No. 1	1012
1. (T	NAME OF DECEASED CHRIST Print) Christos Constantine Ale	viou 2. DATE OF DEATH 1-29.	-53
A.	PLACE OF DEATH: Baltimore City, Maryland Balto - Maryland FULL NAME OF (If not in hospital or institution, give street address		n: residen e fore admission)
H	SEPITAL OR STITUTION 3/22 Harrie as Que:		URAL and give township)
C.	Length of stay in Baltimore 18 year Mos Day	2199 2/	-
200	SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Speci	8. DATE OF BIRTH 3000 9. AGE (In years Il Under I Year	
10 work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) Rostrukovat	11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF AT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or nnknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	0
(Yea	DISEASE OR CONDITION DIRECTLY		RVAL BETWEEN ET AND DEATH
CATION			
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	Ention melsbers. 20.	AUTOPSY?
MEDIC	21A ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		t location)
	OF INJURY Th. WHILE AT NOT WHILE AT WORK AT WORK	LE	
	22. I hereby certify that I attended the deceased from deceased alive on 127, 1953, and that death occ	urred at YAm., from the causes and on the date s	stated above.
24	M. D. AL BURIAL, CREMA-1 24B. DATE 124C. NAME OF CEME	Litel Blog. 1/3	O/53
DA	IN REMOVAL (Specify) 1-31-53 THE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	entery Batto. md	
	VS 150	phagoloros funcial forme	nie
	754 6M	440 E. North and	



H	5.	7 4014		1013
A	1.	NAME OF DECEASED	2. DATE	,
supplied.	3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution as STATE B. COUNTY	ion: residence before admission)
ılly su	H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION Unwersely		RURAL and give township)
e c. Ieg.	_	Length of stay in Baltimore) Scalord, Del. Mos. Days	D. STREET ADDRESS (If rural, give location)	
should be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under I Ye last hirthday) Months De	
	worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	Del.	TIZEN OF
information of death cl		Charles A Hill	14. MOTHER'S MAIDEN NAME Beverley Record	
k BINDING	(Ye	(If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT ADDRESS	
KESEKVED FO INK. Every it please write the	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Nemolytic Crisis Quirid Hemolytic Jaundia Replicemia	Sys.
MAKGIN UNFADING Physicians:	CERTI	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	DICAL	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPER	YE	
Y, WITH	MEDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etrest, office bldg.,	etc.) INJURY OCCUR?	ct location)
Ally		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY while at work at work		
TE PI especie			rred at 11:23 An., from the causes and on the date	I last saw the stated above.
E age is	24	23A. SIGNATURE Seorge C. Oldermag M. D. A. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETE	Univ. Hosp. 1	ty) (State)
PLEASE correct ag	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. PUNERAL DIRECTOR ADDR	rav-
P.	1	OCAL REGISTRAR Huntington Williams VS 150	Madsor Fund Home	
		& Amer Mal	b Slaford Heloware	

n		240				
P	B	3 1014 IRTH NO.	CERTIFICAT	E OF DEATH	53 Registered No.	1014
d.	1. (T	NAME OF DECEASED ATHER	iNE MABLE	Dashiell	2. DATE OF DEATH /- 29	-,5-3
lly supplied	Α.	Baltimore City, Maryland		4. USUAL RESIDENCE (Who		tution : residence before admission
lly su	H	OSPITAL OR	institution, give street address or location)		tside comperate limits, wr	e RURAL and give
	-	344 S. SHALLU	rood ST.	D. STREET ADDRESS (If ru	ral, give location)	
e ca leg	-	Length of stay in Baltimore	LIFE Mos. Days	344 S. SMI		5%
IDING information should be ca of death clearly and leg	1	SEARLE WhiTE	SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	S. DATE OF BIRTH UECEMBER 17, 1855	9. AGE (In years If Under last birthday) Months	Days Hours Min.
shou	10 worl	DA. USUAL OCCUPATION (Give kind of lock done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF
ion h cle	13	HOUSEWIFE .	Vonestie	MARY LAND	6	lisiA.
VG rmat deatl		John Schnefi	PER	- Lu Knou		
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR s, no or nnknown) (If yes, give war or dates of se	rvice) SECURITY NO.	17. INFORMANT	ADDRI	ESS
of of ises	-	NO NONE	None	ELMER E. Dashie	CL Se 3445.	NTERVAL BETWEEN
		DISEASE OR CONDITION DIRE				DISET AND DEATH
E P		LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the		morchet colle		******************************
RVED Ever write		injury or complication which caused ANTECEDENT CAUSES	d death.) DUE TO	ascular wes	use	
RESERVED INK. Ever please write	NO	DISEASES OR CONDITIONS, IF ANY	(B)	***************************************	•••••••••••••••••••••••••••••••••••••••	***************************************
	ATIO	RISE TO THE ABOVE CAUSE (A) STATUUNDERLYING CONDITION LAST.	CO			
MARGIN NFADINC	IFIC	II				
MARGIN UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
htt .	C	19A. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH tant.	DICA	21a. ACCIDENT WAS UNDER: 2	18. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City, give o	YES NO NO
x, WITH	MED	LYING OR CONTRIBUTING about	ut home, farm, factory, street, office bldg., e	(a.) INJURY OCCUR?	in Datamore Oldy, give e	exact location)
	~	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	ur) 21E. INJURY OCCURRI		OCCUR?	
PLA ecially		20.71 1 414 11 17 11	m. WORK AT WORK		16 1057	
TE PL.		deceased alive on 28, 19		red at 8:30 Am., from the		at I last saw th
13. 15		23A. SIGNATURE		3B. ADDRESS		C. DATE SIGNED
E V	24	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24C. NAME OF CEMETE	1729 V domin	ATION (City, town, or co	ounty) (State)
AS		12481AL NAW. 31, 19	53 MEAdowRidge	: MEMORIAL HOWA	and County	Md.
PLEASE correct ag	D. L.	ATE RECEIVED BY REGISTRAR'S SI	GNATURE	25. FUNERAL DIRECTOR	1	DRESS
	-	VS 150	MARAHAA: MAY	Dagree A Jehwi	4 6 2 601 MREA	ERLIK HU
	1		720	14		





BALTIMORE CITY HEALTH DEPARTMENT Registered 83 1016 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where decease Nved, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 8. DATE OF 7. SINGLE, MARRIED 9. GE (In years If Under I Year II Under 24 Hours Inst birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Ne 16.1883 IOA. USUAL OCCUPATION (Givekind of M. BIRTHPLACE (State or foreign countr 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR' information s Blue Priat Reader 13. FATHER'S NAME Vie y 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, 80 of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 23-10-4418 No Conlac INTERVAL BETWEEN very item 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4060 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TE PLA especially OF INJURY NOT WHILE! WHILE AT WORK AT WORK 30 . 1953 that I last saw the 19 53 to 22. I hereby certify that I attended the deceased from Leve 30 1953, and that death occurred at 6. 196. m., from the causes and on the date stated above. deceased alive on 23A, SIGNATURE 23c. DATE SIGNED 24A. EURIAL. CREMA-TION REMOVAL (Specify) PLEASE correct ag 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Durial DATE RECEIVED BY REGISTRAR'S, SIGNATURE LOCAL REGISTRAR VS 150

P-White X22 Eastern AVe

Type or	0.	4.655		CERTIFICAT	E OF DEATH	Register	
(Lype or	OF DECE Print)	Frances W.	Groom			2. DATE OF DEATH J	an.30, 1953
	OF DEAT			MI BURNET	4. USUAL RESIDENCE		d. If institution : residence
	NAME OF		al or institut	ion, give street address o location	New Jersey		
INSTITU	TION Un:	Lted States	Publi	c Health Serv	ice	(If outside corporate l	limits, write RURAL and stowns
51		Hospit	ial	XXs.	D. STREET ADDRESS	(If rural, give location	1)
		in Baltimore		89 Days	46 Princeton		
5. SEX		OLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours A
femal		White	sing	OF BUSINESS OR	Aug. 11, 1899	53	
work done dur	ing most of worl	king life, even If retired)		INDUSTR	Y	or foreign country)	12. CITIZEN OF WHAT COUNT
	d Super		Dept.	of State	Kentucky 14. MOTHER'S MAIDEN	NAME	USA
	Groom				Hannah Whetsto	m.	
15. WAS D	ECEASED EV	ER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		••		unknown	Records, U.S.	PHS Hospital	Baltimore, M
inj	rt failure, as ary or com	mean the mode of sthenia, etc. It mean plication which ed ECEDENT CAUS	ns the diseas aused death	e, L) DUE TO spr	ead metastases i		***************************************
NO DIS	rt failure, as iry or eom ANT SEASES OR E TO THE A	sthenia, etc. It mean plication which en ECEDENT CAUS CONDITIONS, IF BOVE CAUSE (A) CONDITION LAS	ns the diseas aused death ES FANY, GIVIN	e, DUE TO SPT			***************************************
THI CATION OTION OTION OTION	rtfailure, as any or com ANT SEASES OR E TO THE ADERLYING HER SIGNIBUTING TO	sthenia, etc. It mean plication which expenditudes to the complete that the complete	ns the diseas aused death ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Spread and (C)	ead metastases i		***************************************
DIS OTHER OT	rtfailure, as any or com ANT SEASES OR E TO THE ADERLYING HER SIGNIBUTING TO	sthenia, etc. It mean plication which expenditudes of the conditions, in Bove Cause (A) CONDITION LASSIGNATION CONDITION THE DEATH, BUT ISE OR CONDITION	ns the diseas aused death ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B) Spread and (C)	ead metastases i		***************************************
AL CENTING	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS	sthenia, etc. It mean plication which expendication which expendication which expendication with the plant of	ns the diseas aused death ES FANY, GIVIN STATING TH STATING TH TIONS CON NOT RELATE CAUSING 1 9B. MAJOR	(B) SPT	ead metastases in liver.	noluding ben	20. AUTOPSY YES NO
DICAL CHILD AND THE CONTROL OF THE C	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEASE PATE OF OI	sthenia, etc. It meat plication which established the conditions, if Bove Cause (A) CONDITION LAST CONDITION LA	ns the diseas aused death ES FANY, GIVIN STATING TH ST. TIONS COM NOT RELATE CAUSING 1 9B. MAJOR	(B) Spread and (C)	ead metastases i	noluding ben	20. AUTOPSY
NO DIS RIS UN OTHER UN TO 19A. E LYIN. CAUS 21A. LYIN. CAUS 21A. 21A. 21A. 21A. 21A. 21A. 21A. 21A.	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS ATE OF OI ACCIDENT GO OR CC E OF DEA' TIME (Mon	sthenia, etc. It meat plication which established the conditions, if Bove Cause (A) CONDITION LAST CONDITION LA	ms the diseas aused death ES FANY, GIVIN STATING TH ST. TIONS COMOT RELATE CAUSING 1 9B. MAJOR 21B. PLA about home, 1	(B) SPT	ead metastases in liver. RATION in or 21C. WHERE DID INJURY OCCUR?	noluding bon	20. AUTOPSY
MEDICAL CENTRAL ON THE OTHER O	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS ATE OF OI ACCIDENT GO OR CC E OF DEA' TIME (Mon	sthenia, etc. It meat plication which explication which explication which explication which explication which explications are conditions as a condition of the death, but it is condition was under the condition of the condition	ms the diseas aused death ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING 1 9B. MAJOR 21B. PLA about home, ((Hour)	(B) SPT (C) SP	RATION in or 21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJURY	noluding bon	20. AUTOPSY YES NO
WE DIS RIS UN DIS RIS UN TRI TO TO THE TO THE TO TO T	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS ATE OF OI ACCIDENT GO R CC E OF DEA IME (Mon JURY hereby ce	sthenia, etc. It mean plication which explication which explication which explication which explication with the death, but is a condition was under-natributing the condition was under-natributing the condition the condition was under-natributing the condition the condition was under-natributing the condition the condition that it is a condition to the condition to	rended the	(B) SPT (B) AND (C)	RATION in or 21C. WHERE DID INJURY OCCUR? RED 21F. HOW DID INJU	(If in Baltimore Ciury occur?	20. AUTOPSY YES No ty, give exact location) 9.53that I last saw
NO DIS RIS UN OF IN OF I	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS ATE OF OI ACCIDENT GO DEA TIME (Mon JURY hereby ce sed alive	CONDITIONS, IF BOVE CAUSE (A) CONDITION LAS	rended the	(B) SPT (B) SPT (B) SPT (C)	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY V. 2, ,1952, to price at 11:45 m., from	(If in Baltimore Ciury occur? Jan. 30, 12, 13, 14, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	20. AUTOPSY YES No ty, give exact location) 9.53 that I last saw n the date stated abo
NO DIS RIS UN OTHER TO THE TRUE TO THE TRU	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS ACCIDENT GO OR CC E OF DEA' IME (Mon JURY hereby ce sed alive	CONDITIONS, IF BOVE CAUSE (A) CONDITION LAS	TIONS CONNOT RELATE CAUSING 1 21B. PLA about home, (Hour) m. ended the	(B) SPT (B) SPT (B) SPT (C)	RATION in or 21C. WHERE DID INJURY OCCUR? RED 21F. HOW DID INJU	(If in Baltimore Ciury occur? Jan. 30, 12, 13, 14, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	20. AUTOPSY YES No ty, give exact location) 9.53 that I last saw n the date stated abo
NO DIS RIS UN OTHER TO THE TRUE TO THE TRU	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS ATE OF OI ACCIDENT GE OF DEA TIME (Mon JURY hereby ce sed alive signature	CONDITIONS, IF BOVE CAUSE (A) CONDITION LAS	TIONS COME THE CAUSING I Post About home, (Hour) ended the post About home, (Causing I Post About home, (Causing I Post About home, I Post About	(B) SPT (B) SPT (B) SPT (B) SPT (B) SPT (C)	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY 2.	(If in Baltimore Civery occur? Jan. 30, 19 on the causes and on Balto., Mo	20. AUTOPSY YES NO ty, give exact location) 9.53that I last saw n the date stated about 23c. DATE SIGN own, or county) (State
NO DISTRIBUTION IN TO	ANT SEASES OR E TO THE A DERLYING HER SIGNI BUTING TO THE DISEAS ACCIDENT GO OR CC E OF DEA' IME (Mon JURY hereby ce sed alive	Sthenia, etc. It mean plication which explication which explication which explication which explication which explication is conditionally con	TIONS CONNOT RELATE CAUSING 198. MAJOR 218. PLA about home, (Hour) m. ended the	(B) SPT (B) AND (C)	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? V. 2, ,1952, to Inverted at 11:450 m., from 21s. ADDRESS US PHS Hospital ERY OR CREMATORY 24D Ceme tery Pr	(If in Baltimore Civery occur? Jan. 30, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1	20. AUTOPSY YES NO ty, give exact location) 9.53, that I last saw n the date stated about 23c. DATE SIGN own, or county) (Statentucky

SHELL . O. - 12 L. L. CONTRACTOR OF THE PARTY OF THE The state of the s knowlede III taluza the straight they was not in it was some mencial weathe offer sweet him to open our more athres of cotorsales bestor The state of the s 1 M 1 S 1 19 x (Metallion 2015) 2 5 1

MARGIN F	PLEASE 'M ITE PLA Y, WITH UNFADING	Physicians n
	WITH	rtant
(Y,	7 Impo
	PLA	ecially
4	TE	TSO SI
	SE 7	906
	PLEAS	Correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1018

1. NAME OF DECEASED (Type or Print) Charles Reiner, Jr.	2. DATE OF DEATH January 29,1953		
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio			
INSTITUTION St. Joseph's nospital	township)		
1400 N. Caroline St. #13	Baltimore		
Yrs Mos			
c. Length of stay in Baltimore Day	s 4505 Hamphett Ave. #14		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	(y) 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year last birthday) Months: Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
work done during most of working life, even if retired) Manager Publishing house	Baltimore WHAT COUNTRY?		
13. FATHER'S NAME	USA		
	14. MOTHER'S MAIDEN NAME		
Charles F. Reiner, Sr.	Marie Denk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs Eva F. Reiner- 4504 Hampnett Av		
18. 4 20 1 and 1.53 y CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
LEADING TO DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	anny occused 50 mins		
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
A UNDERLYING CONDITION LAST.			
C OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYS			
January 29,1953 Carcinoma Cecum			
January 29, 1953 Carcinoma Cecum 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?		
OF INJURY WHILE AT NOT WHILE			
m. WORK AT WOR			
	enlary 29, 1953, to January 29, 1953 that I last saw the		
deceased alive on January 299 53, and that death occ	rurred at 10:20nP.Mrom the causes and on the date stated above.		
23a. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED		
S. S. Sullivan M.D.	1129 St Paul St. January 30		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
burial 2/2/53 Druid Ridge Cemetery Baltimore, Md.			
LOCAL REGISTRAR & SUNS, INC.			
BALTO., H., MD.			
VS 150			
2909	1 y want		

537 5311019

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

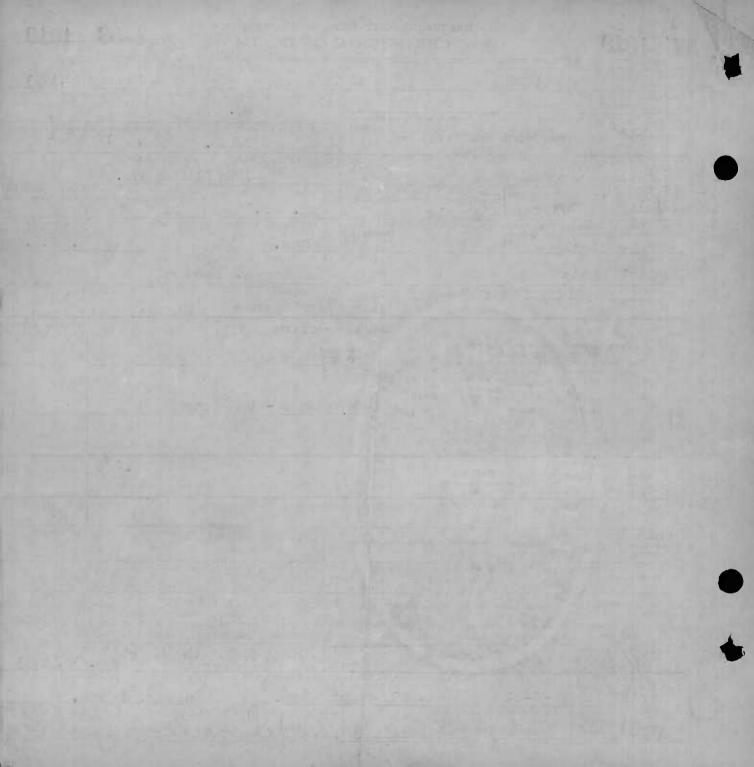
Registere 53 1019

ANTZ 2. DATE OF DEATH January 30,1953
A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) or Md. B. COUNTY before admission
D. STREET ADDRESS (If rural, give location)
Jna. 25,1932 21
Penna. U.S.
14. MOTHER'S MAIDEN NAME Mary L. Thomas
Carl Lantz Wain St. Uniontown P
electasis - left lung
ERATION 20. AUTOPSY? VES X NO In or 21c. WHERE DID (If in Baltimore City, give exact location)
g.,etc.) INJURY OCCUR?
RRED 21F. HOW DID INJURY OCCUR?
l above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above ses \mathbf{X} , accident \square , suicide \square , homicide \square , undetermined \square .
· Inquiry, find that said deceased died on the day stated above
RR RTF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE

V S 151

3

7808A



DPW ashet for we to get spection.

Decaded root of ell or

nurse ded not get spection.

DN Alberra. Du PHN BCHD

feels under currenter.

Ends to heart or The

ED 2-255

INK. UNFADING Physicians: p WITH important. ecially TE espe 2

RESERVED

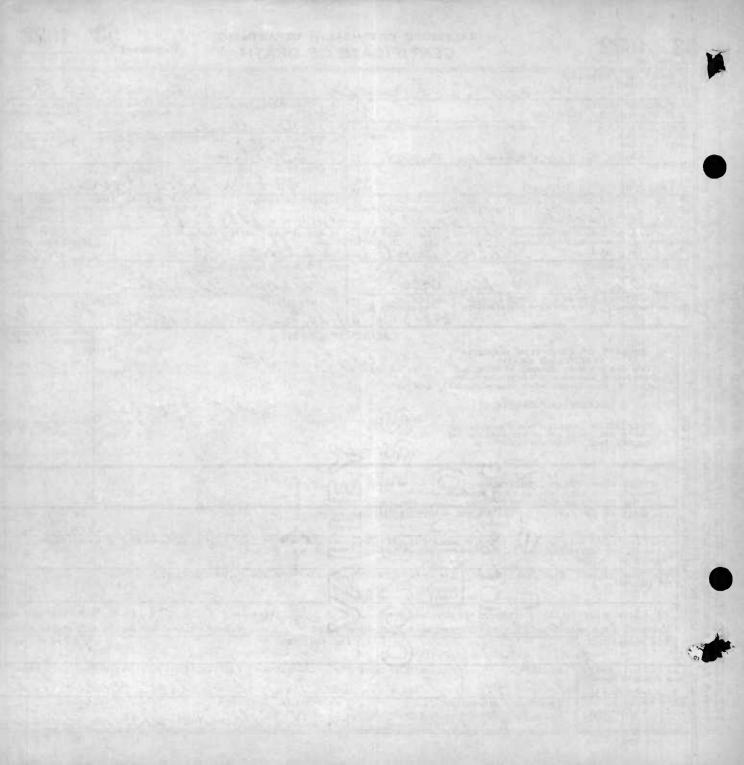
MARGIN

EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK 1/30 . 19 53 that I last saw the 1952 to 22. I hereby certify that I attended the deceased from. 1953, and that death occurred at 925 1/30 deceased alive on .m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY Baltimore, Md. Feb. 2,1953 Mt. Olivet Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE UMERAL DIRE 4510 Liberty LOCAL REGISTRAR 1 Junilyne Korta Heights Ave. VS 150

B	1	657 BALTIMORE CITY HEALTH DEPARTMENT 53	1022
	BI	CERTIFICATE OF DEATH Registered No	
ed.		NAME OF DECEASED OF DEATH OF D	9.1953
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased fived, If institute a. STATE B. COUNTY	tion: residence before admission)
lly su	HC	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR (If cutside corporate limit, write) C. CITY OR TOWN (If cutside corporate limit, write)	RURA) and give township)
8 60	0	Yrs. D. STREET ADDRESS (Hrural, give location)	
ld be ca	-	Length of stay in Baltimore Days / O T NORLY WELL SEX 6.COLOR OR RACE 7. SINGLE MARRIED, 8. DATE OF BIRTH 9. AGE In years 1 Under 1	lear It Under 24 Hours Days Hours Min.
should be	10	hale the followed 100.22, 1881 11	ITIZEN OF
	work	Check (Colored New Olson Balto Md.	HAT COUNTRY!
VDING information of death cle	13	Hilliam N. Brengle Larah Schmidt	
BINDIN of inforuses of d	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ADDRES 17. INFORMANT ADDRES	S. l. C.
ed -3			TERVAL PETWEEN
FO ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Usebree Feere Africa Care Care Care Care Care Care Care Car	2 days
Ever Write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
1	z	ANTECEDENT CAUSES (B) Orthodoloratic C.V. 5	
	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
MARGIN UNFADING Physicians:	IFIC.	(c)	
MA INF	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Hel	AL C	19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	O. AUTOPSY?
Y, WITH important.	EDIC,	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
Imp,	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY	
PLA cially		m. WHILE AT NOT WHILE AT WORK	
EE PL		deceased alive on Mess 29, 1952, and that death occurred at 2 m., from the causes and on the dat	t I last saw the c_stated above.
*		23A. SIGNATURE 23A. ADDRESS 23C	DATE SIGNED
ASE of	710	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or country) 2-2-5-3	nty) (State)
PLEASE correct ag		ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDICAL REGISTRAR DIRECTOR ADDICAL REGISTRAR DIRECTOR ADDICAL PUBLIC DE 2431 É. C	Pliver St.

390419

VS 150



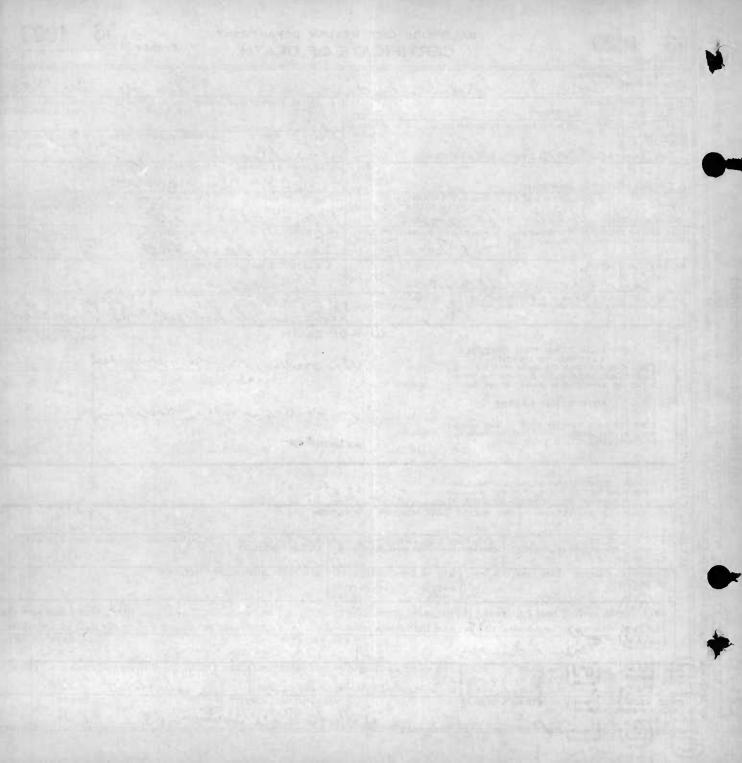
5 B	3 4 3 3 1023 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Registered	53 1023
(1. NAME OF DECEASED (Type or Print) Cora M. Cadwallader 2. DATE OF DEATH Ja	n. 30,1953
	A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	f institution: residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Application (If outside corporate lim Baltimore)	(s, write RURAL and give township)
1	Yrs. D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Days 3608 Comora Com	If Under 1 Year If Under 24 Hours
	Female White Widowed (Specify) May 27, 1877 last birthday) M	Ionths Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Ok done during most of working life, even if retired) Ok done during most of working life, even if retired) Ok done during most of working life, even if retired)	12. CITIZEN OF
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1 1 2 1
	William Cessina Unknown	
(Y	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	& address
-	18. 422, 1 Aud 260 x CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	L.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	***************************************
	ANTECEDENT CAUSES	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
CERT	OTHER SIGNIFICANT CONDITIONS CON-	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
DICAL	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	
Z	CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY MILE AT NOT WHILE AT AT WORK M. WORK AT WORK	
		3, that I last saw the
•	deceased alive on secured at A. m., from the causes and on	the date stated above
	23A. SIGNATURE & Surger 23B. ADDRESS - houte are	1-30-53

24A. BURIAL. CREMA-TION REMOVAL (Specify) CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Leran Cem. (25. FUNERAL DIRECTOR DATE RECEIVED BY

VS 150

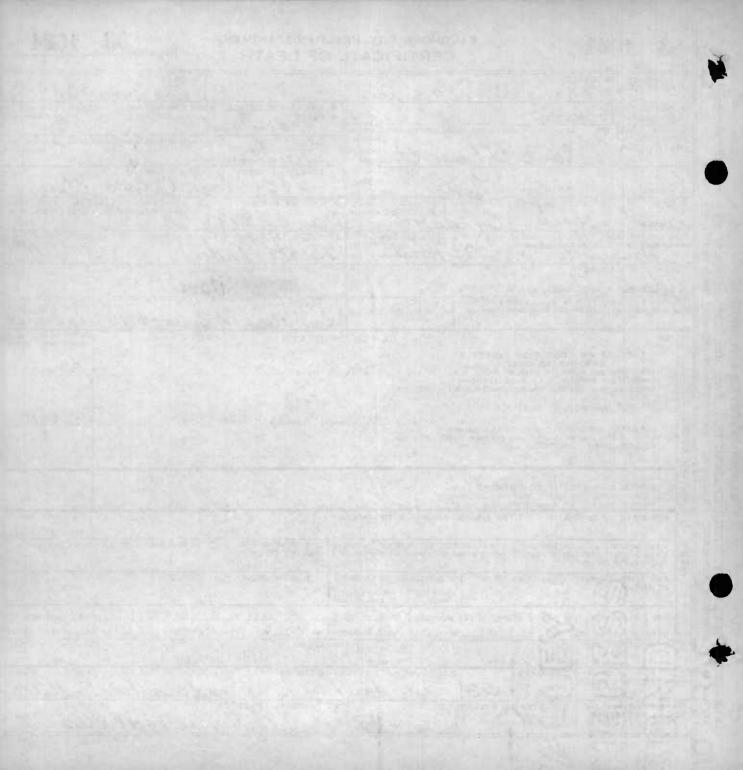
LOCAL REGISTRAR

(State)



	256			
11	7 1 1 1 1 1 1	MORE CITY HEALTH DEPARTME ERTIFICATE OF DEATH	NT Square Square Square No.	1024
1.	NAME OF DECEASED Ope or Print) Mary C. 24	agner	2. DATE OF DEATH Jan.	30,1953
	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	E (Where deceased lived, If instit	ution: residence before admission)
HC	FULL NAME OF (If not in hospital or institution SPITAL OR STITUTION	, give street address or location) C. CITY OR TOWN	(If outside corporate limits, wri	
	2420 Cast Oliver	Yrs. D. STREET ADDRESS	(If rural, give location).	township
c.	Length of stay in Baltimore Life	Mos. 2420	East Oliver	Street
5. F	emale 21 hite 25 id	MARRIED, D. DIVORCED (Specify) May 5. 187	9. AGE (In years last birthday) 73	Days Hours Min.
10. work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	F BUSINESS OR II. BIRTHPLACE (State		CITIZEN OF
13	FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	· 1. U.
0	Idam Inau	Towns to	Vogel	
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. INFORMANT	Hagner - 48/6 a	rabia Con
	18. 443 X	CAUSE OF DEATH	11	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Common throughous		15 manutar
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	***************************************	
_	ANTECEDENT CAUSES	(B) Hyperman Cylin Wary	as Direction	And blue
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO		
V	UNDERLYING CONDITION LAST.	(C)		•••••••••••
RTIF	OTHER SIGNIFICANT CONDITIONS CON-			
S	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			an Alltoneya
AL	19a. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPERATION		YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm	E OF INJURY (e. g., in or 21c. WHERE DID a, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give	exact location)
Σ	OF INJURY	E. INJURY OCCURRED 21F. HOW DID IN	JURY OCCUR?	
	m. W	DRK NOT WHILE	44 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	deceased alive on 1955, an	d that death occurred at 1:10 fm., fr	, , , , , , , , , , , , , , , , , , , ,	at I last saw th
	23A. SIGNATURE	238. ADDRESS		C. DATE SIGNED
20	A. BURIAL CREMA- 24 DATE 24	M. D. W '	D. LOCATION (City, town, or co	unty) (State)
TIC	Burial 2-2-53	Loudon Park 3	Frederick Rd 1	Balls Med
D	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECT	OR AD	DRESS

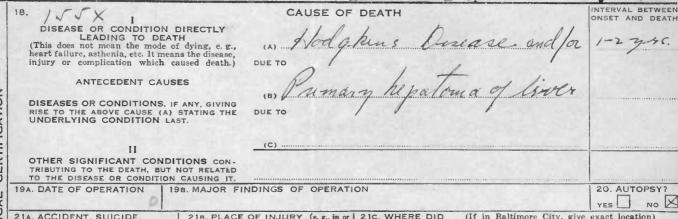
13



BALTIMORE CITY HEALTH DEPARTMENT

Registered 53 1025

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Jan 31 1953 Samuel A.Sparks 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 3700 Gwynn Oak Ave B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 50 Mos. c. Length of stay in Baltimore 3700 Gwynn Oak Ave Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | It Under I Year | It Under 24 Hours last birthday) | Months Days | Hours | Min. Married Oct 6 1886 Male White 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Self employed Real Estate Queenstown Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Samuel A.Sparks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Albertina L Sparks 3700 Gwynn Oak



information should be of death clearly and

causes

0

write

INK.

UNFADING Physicians: 1

BINDING

TE

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 1953, and that death occurred at 137 Am. from . 1953 that I last saw the an 30 22. I hereby certify that I attended the deceased from May deceased alive on fan 30 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED callant 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Woodlawn Md 1953 Woodlawn Burial Feb 3 DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 4204 Ridgewood Ave

Established

20. AUTOPS (If in Baltimore City, give exact location) 1917, to 20, 1923 that I last saw the 30, 19 that I last saw the 23c. DATE SIGNED _ 31-5 24D. LOCATION (City, town, or county) Maryland 3631 Falls Road

before admission)

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

they to a state of the same

RE	H	ple
MARGIN RE	PLEASE W 'YE PLA Y, WITH UNFADING IN	correct age is especially important. Physicians: ple
	WITH	rtant.
(Y,	oduur
	PLA	ecially
	E	s esp
	1	4
	田	age
	EAS	rrect
	PI	00

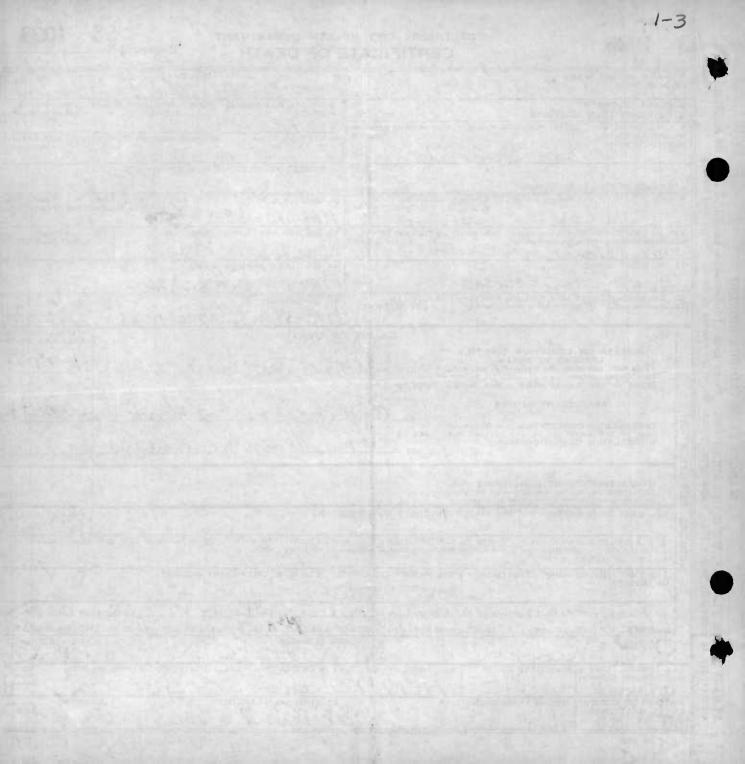
524 3 1027	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
1. NAME OF DECEASED	

Registered No. 1027

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	Gensle		2. DATE OF DEATH / -30	- 53 2
3. PLACE OF DEATH: A. Baltimore City, Maryland 3	alti City	4. USUAL RESIDENCE (
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	or institution, give street address o	c. CITY OR TOWN (I	f outside exporate lights, w	rite RURAL and give township)
no TIAT CIE	Yrs. Mos.	D. STREET ADDRESS (H	rural, give location)	
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Unde	r 1 Year If Under 24 Hours
Inale White	WIDOWED, DIVORCED (Specify	11. BIRTHPLACE (State or	last birthday) Months	CITIZEN OF
work dored using most of working life, even if retired)	BroRRINDUSTR	Balto Co	In Md	WHAT COUNTRY?
13. FATHER'S NAME GEN	eslen	Roses		1
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates)	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	essally ma
18: 470,1:01		OF DEATH	:	INTERVAL BETWEEN
DISEASE OR CONDITION E LEADING TO DEATI (This does not mean the mode of heart failure, asthonia, etc. It mean	dying, e. g., (A)	renary Oce	luseen	Sudden
injury or complication which ca	used death.) DUE TO		0	
Z O DISEASES OR CONDITIONS, IF	ANY, GIVING	corany Cerles	y O esecus	Lyeun
UNDERLYING CONDITION LAS		teruselew	tu	
C OTHER SIGNIFICANT CONDIT				
TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19		RATION	eani e e e e e e e e e e e e e e e e e e e	20. AUTOPSY?
CAL	21B. PLACE OF INJURY (e. g.,	In or 21c. WHERE DID	(If in Baltimore City, give	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.		It in Daitimote Oity, give	exact location)
21b. TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E, INJURY OCCURF WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
22. I hereby certify that I atto	nded the deceased from	3. 2 , 1957, to	1-30 , 1953, ti	hat I last saw the
deceased alive on /- 26	19.53, and that death occu	23B. ADDRESS		atc stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	M. D.	ERY OR CREMATORY 24D. I	OCATION (City, town, or o	county) (State)
BUTIAL 12-3-3	3 Ballo hat	Cun Fre	Link Rd Ball	mil
DATE RECEIVED BY LOCAL REGISTRAR'S	SIGNATURE TO WAR	Elward Tollso	25594mah	Blood Ball
VS 150	97	1050		m4

THE VALUE OF THE PARTY OF THE P

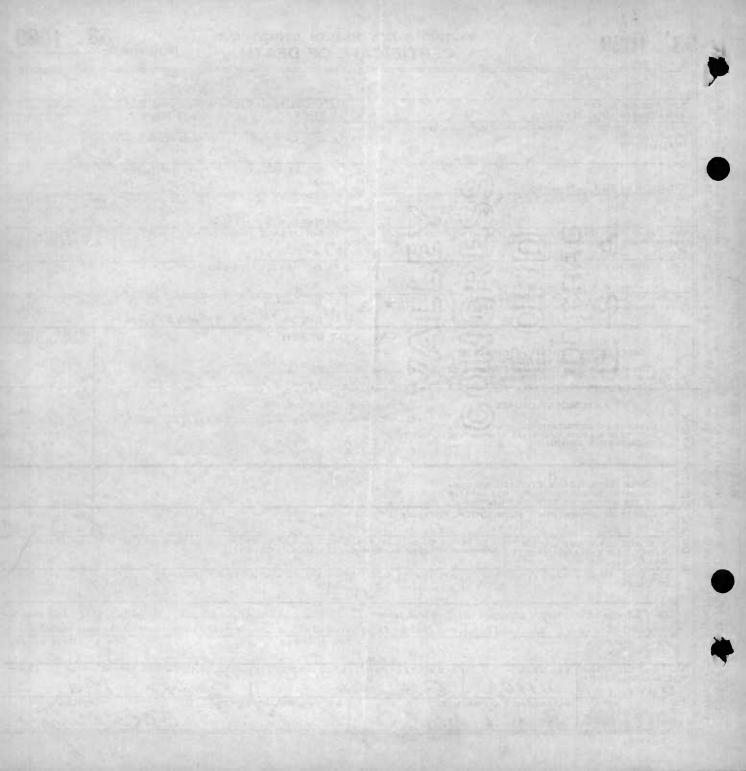
Be	3	46		EALTH DEPARTMENT E OF DEATH	Registered N	3 1028
V	1.	NAME OF DECEASED Color (bype or Print)	110	1	2. DATE	1 1 - 2
plied.	3.	PLACE OF DEATH:	T PLEKEN !	4. USUAL RESIDENCE (W		
ully supplied	B. H	OSPITAL OR	astitution, give street address or location)		B. COUNTY	before admission) write RURAL and give
ully.	11	ISTITUTION DUCTORS MOST	rifal	Balking	ve b	township)
lega-	c.	Length of stay in Baltimore	Yrs. Mos. Days	1100	curat, give location)	Ave
VDING information should be of death clearly and	5.		INGLE, MARRIED. IDOWED, DIVORCED (Specify)	NOV. 10-1893		Under I Year If Under 24 Hours nths Days Hours Min.
shot learly	MOL	dooe during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
ration ath cl		D. FATHER'S NAME	CON RUSSES	14. MOTHER'S MAIDEN NA	ME	
BINDING of inform uses of dec	15 (Va	5. WAS DECEASED EVER IN U. S. ARMED FORCE 8, no or uoknown) (If yos, give war or detes of serv		17. INFORMANT	NE KAMP	DDRESS 4313
of of ises	(10	18. // 1/ 2 🗸		MR. WM. Sci	holTholI	- La SAlle
e it		DISEASE OR CONDITION DIRECT	1	OF DEATH		ONSET AND DEATH
had am		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	TUTEL I WE	MENTING	
2	7	ANTECEDENT CAUSES	they ?	refensive	@ The sim in	le 1-20-41
RESE JINK.	ATIO	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING NG THE DUE TO	E. Vanca Ros	diana	
MARGIN I UNFADING Physicians: p	FIG		(c)	· C VICOCICAN	veracure	
MAI NFA	ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	ELATED			
htt.	AL C		AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WITH important.	EDICA	LYING OR CONTRIBUTING ebout	B. PLACE OF INJURY (c. g., i thome, farm, factory, street, office bidg.,		f in Baltimore City, g	
	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
oLA cially			m. WHILE AT NOT WHILE AT WORK		36: 105	., .,
TE PLA		deceased alive on, 19	22. and that death occu	rred at Mm., from th		, that I last saw the concentrate above.
We is		23A. SIGNATURE	M. D.	SYOY Bolan	Rd-	23c. DATE SIGNED
ASE ect ag	TI-	AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	HOLY K	Edeemer 240 L	PALTO	or county) (State)
PLEASE correct ag		ATE RECEIVED BY REGISTRANS SIG	NATURE DO DO	25 FUNERAL DIRECTOR	5305 Ha	ADDRESS Rd
		VS 150	69	d UK		



before admission)

5 days

20. AUTOPSY



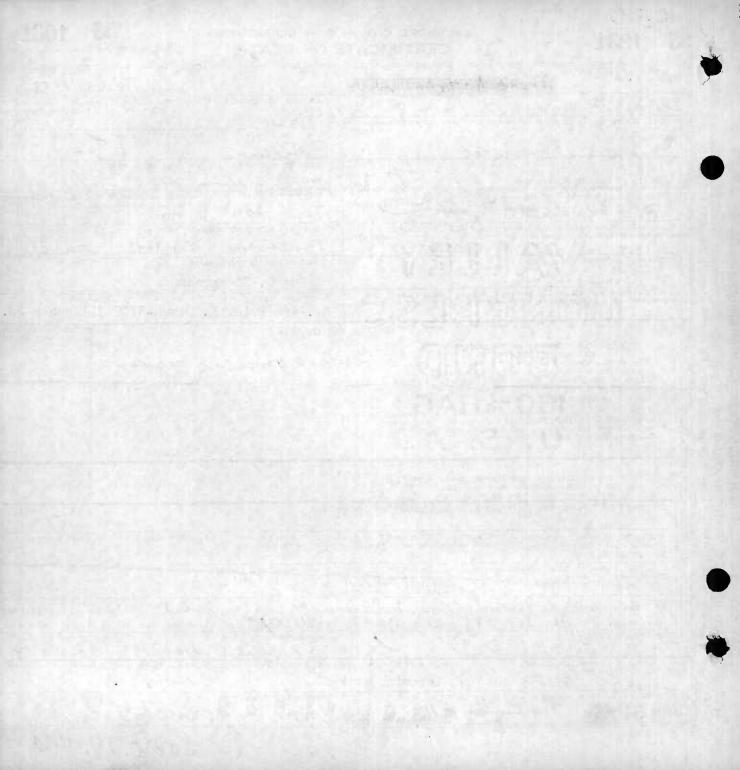
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

B.)3 BI	3 46 RTH NO.	BALTIMORE CITY HE		53 Registered No.	1030
ed. ,	1. (T	NAME OF DECEASED	n. Buller		2. DATE OF DEATH	29.1953
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland	1	4. USUAL RESIDENCE (W)	B. COUNTY	tion: residence before admission)
lly su	HO	FULL NAME OF (If not in hospital or in DSPITAL OR STITUTION	nstitution, give street address or location)	C. CHEY OR TOWN (If a	outside corporate limits.	ries tures, and give township
Cupin.	-0	10 TON Tayeu	Yrs. Mos.	D. STREET ADDRESS, AT r	ural, give location)	
be ca			Days Days	B. DATE OF BIRTH	9. AGE (In years) if Und	ei 1 Year II Under 24 Hours
ह व	8/	all logi no	IDOWED, DIVORCED (Specify)	6/5/1866 7. BIR/HPLACE (State or for	lag birthday) Month	
on shou	work	one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	aa Co.	Mol 12	WHAT COUNTRY
rmatic	0	FATHER'S NAME BY H		14. MOTHER'S MAIDEN NA	ME	V
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. MFORMANT	th ADD	RESS 1046
em of i		18. 1/6.	CAUSE	OF DEATH	nun H.	INTERVAL BETWEEN
iten		DISEASE OR CONDITION DIRE		as Process	and)	ONSET AND DEATH
Every item write the cau		(This does not mean the mode of dyir heart failure, asthenia, etc. It means the injury or complication which caused	disease,			Thus -
4	7	ANTECEDENT CAUSES	3	presse		lessky
G INK.	FICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.			11	
ADING icians:	IFIC		(C)) agr	Mpl)	
UNFADING Physicians:	ERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
ht .	L C	19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Y, WITH important.	EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about	B. PLACE OF INJURY (e. g., it thome, farm, factory, street, office bidg., e		in Baltimore City, give	1
y imi y	Σ	21D. TIME (Month) (Day) (Year) (Hour			OCCUR?	
7		22 71 -1 -14 13-17 11 7	m. WHILE AT NOT WHILE AT WORK	12/5319 1/2	\$ 153,0	hat I last saw th
ZE PL		22. I hereby certify that I attended deceased alive on 125 312	, and that death occur	red at 1/40/m., from th	e causes and on the	date stated above
.02		23A. SIGNATURE// Jack	adale M.D. 2	524/1 Can	cylla 1	30 DATE SIGNED
田島		AA. BURIAL, CREMA- 24B, DATE DN, REMOVAL (Specify)	200 NAME OF CEMET	RY OR CREMATORY 24P. LO	TATION (City, town, or	country (State)
PLEAS	D.	ATE RECEIVED BY REGISTRAR'S SIG	SAN G DAG	25. FUNERAL DIRECTOR	01.	DERESS 322N

and contraction in the state of the They Inches lotte : 556 His Comment

P	5.3	150	1	ВА	LTIMORE CITY				53	1031
he	_	NAME OF D	ECEASED		CERTIFICA	TE OF DEA	ATH	Registered	No.	
ully supplied.	<u> </u>	'ype or Print)		ATHERL	NE IRENE DIV	40.00		DEATH JA	n. 30	
	AL		ity, Maryland			A. STATE	SIDENCE (W	here deceased Hved. I B. COUNTY		ion : residence before admission)
y su	H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street addres locati		OWN (If	outside corporate lim	its write	RURAL and give
E st	13	ma a	engl Hosp	rital			Timole		5	township)
0	6	Langth of a	tay in Baltimore		lige Mi	s. Hong	Bellevie	rural, give location	201	
be nd le	_	SEX SEX	6. COLOR OR RACE		Da E. MARRIED.	8. DATE OF B	IRTH	9. AGE (in years	If Under 1 Yes	at If Under 24 Hours
should early an		F.	while		WED, DIVORCED (Spe	reb. 4'	1897	last birthday) M	ionths: Da	lys Hours Min.
she	worl	k done during most o	CUPATION (Give kind of f working life, even If retired)		D OF BUSINESS OR INDUST			36		TIZEN OF HAT COUNTRY?
tion th cl	13	Clerk FATHER'S N	IAME	Ban	king	14. MOTHER'S	MAIDEN NA	Maryland	B	nerican
NG rma deat		7 Con	M. Dive	n		I'da C	. Zimmer	man		
BINDING of information should be uses of death clearly and	15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO	Mr. Fred		Diven-3700	ADDRESS Hill	
MARGIN RESERVED FOR BIN UNFADING INK. Every item of Physicians: please write the causes	CERTIFICATION	(This does heart failure in jury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea- complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA IGNIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION	'H f dying, e. ns the disca aused deat ES - ANY, GIVI STATING T ST. TIONS CO NOT RELAT	8-, (A)	E OF DEATH	scular	acciden		ERVAL BETWEEN SET AND DEATH
I'H	AL	19A. DATE O	F OPERATION 1	9B. MAJOF	R FINDINGS OF OF	ERATION			20 YE	O. AUTOPSY?
LY, WITH important.	MEDIC		ENT WAS UNDER.	21B. PL ebout home	ACE OF INJURY (e. farm, factory, street, office bl	R., in or 21C. WHER	RE DID (II	f in Baltimore City,		
Langin		210. TIME (OF INJURY	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCU WHILE AT NOT WH WORK AT WO	ILE I	DID INJURY			
TE Pl		22. I hereby	eertify that I att	ended the	deceased from	Jan. 30 , 1	1953, to	en . 30 , 195	3, that	I last saw the
ITE s esp		23A. SIGNAT	ure on Jan. 30	, 1943.	and that death oc	23B. ADDRESS	n., from th	ie eauses ana on		DATE SIGNED
5.0	24	A. BURIAL C	REMA 248. DATE	Lin	M. D. 24c. NAME of CEME	ma.		CATION (City, town	1	ty) (State)
ASE set a	TIC	A. BURIAL, CON, REMOVAL (S	2/2/53		Lorraine P.			podlawn, Md.		(50000)
PLEASE correct a		ATE RECEIVED	BY REGISTRAR		Shaw M	25 TUNERAL	DE COOP	kner 4	ADDA	ESS W
		VS 150		Ų ·	39	071		Bacto.	17,	Mrd.



Every

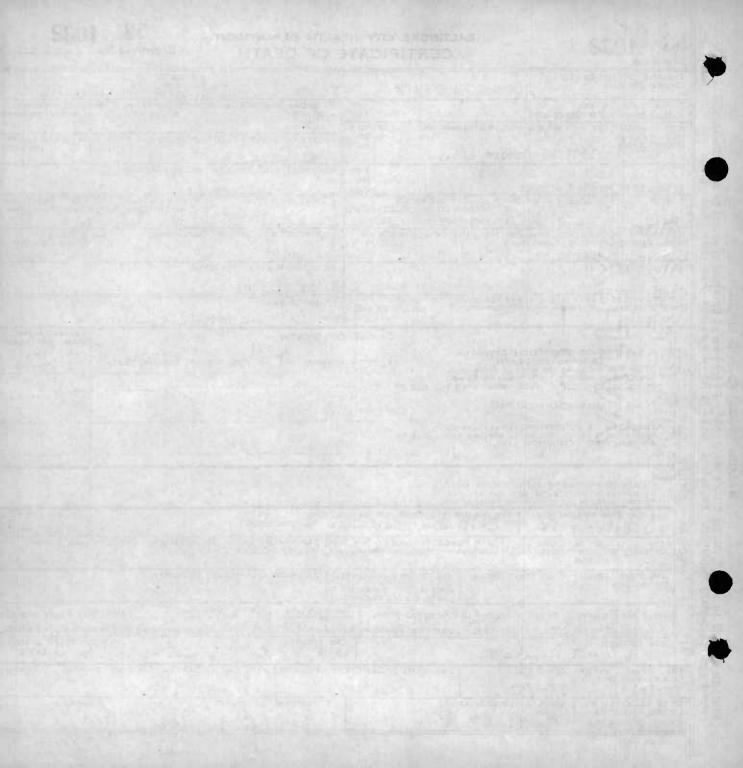
PLEASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1032 Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) JAMES EDWARD WADE Jan. 28, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Md. B. COUNTY before admission) (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside comporate limits, write RURAL and give INSTITUTION 1303 Windemere Ave. Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 1303 Windemere Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIEO 8. DATE OF BIRTH II Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) April 9, 1900 white widowed 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Clerk-Registered Mail S. Gov't. England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis S. Wade Eliza E. Eccles 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. A. Vitor Wade-2217 Roslyn Ave. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION Carcina 1452 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? STE PLA especially OF INJURY NOT WHILE WORK owery 16 1953, to , 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ 1953 and that death occurred at 7:30 Pm., from the causes and on the date stated above, deceased alive on_ 23A. SAGNATURE 238. ADDRESS 23c. DATE SIGNED Jan 29 1953 24C. NAME OF CEMETERY OR CREMATORY! 24A. BURVAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, or county) Burial Woodlawn Cem. Woodlawn. 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

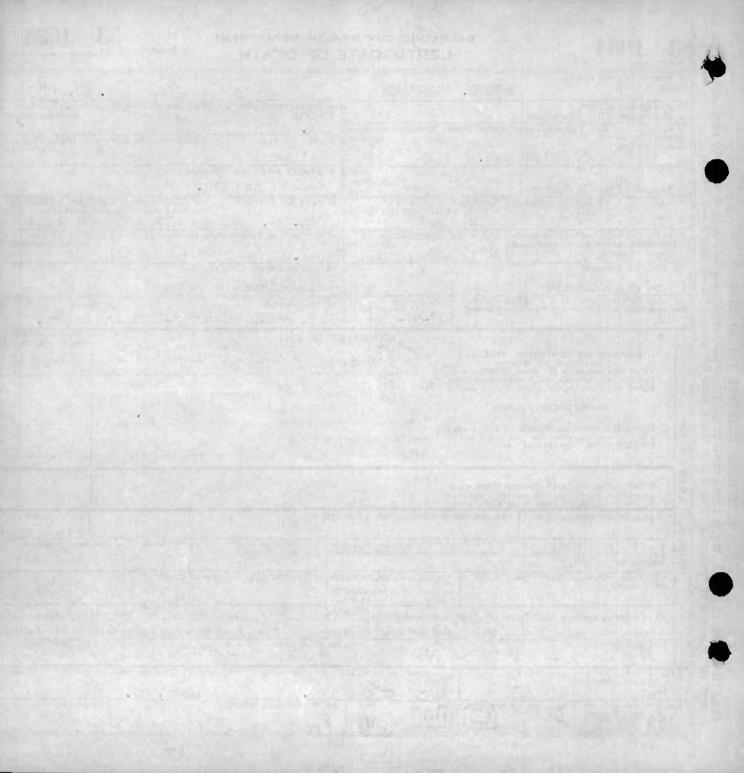


Frappioval - Med. Examiner Cille milite Evanner's Office.

BALTIMORE CITY HEALTH DEPARTMENT

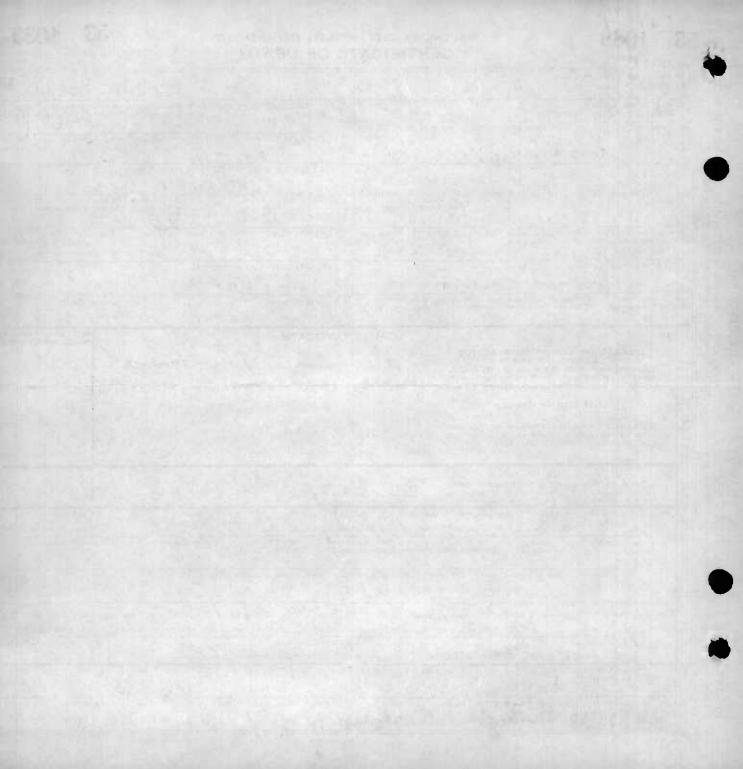
53 1034

В	IRTH NO.	*	CERTIFICA	TE OF DEATH	Registered 1	No.
	. NAME OF DE Type or Print)		MES G. NEISWENDER		2. DATE OF DEATH Jai	1. 28, 1953
	. PLACE OF DE	ATH: ity, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If	institution: residence before admission)
В.	FULL NAME C		al or institution, give street addres	or Md.		V MI
	OSPITAL OR	7600 W-W	locati	C. CITT OR TOWN	outside corporate limi	s, write RURAL and give township)
- -	00	1628 McKean	Ave.	Baltimore o. STREET ADDRESS (If	y	
) c	. Length of st	ay in Baltimore	Mo Da	s. 7628 McKean Ave		
-		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH		il Under 1 Year Il Under 24 Hours onths; Days Hours Min.
	ale	white	widowed	Jan. 27, 1881	72	Days Hours Min.
10 wor	DA. USUAL OCC	UPATION (Give kind of working life, even If retired)		11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
S	tone Mason	n	Wholesale Building Supplies	Penna.	April 1	WILLIAM GOOM
	3. FATHER'S N.			14. MOTHER'S MAIDEN N	AME	
11-1	phraim Ne:			Ida Weitzel		
(Y	es, no or unknown)	O EVER IN U.S. ARME! (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT		DDRESS
n	one		217-07-5284	Mrs. Bessie Plan	ugher-1628 Mo	
	18. 422	12 1	CANS	E OF DEATH		INTERVAL BETWEEN
		E OR CONDITION LEADING TO DEA	TH GUN	nin lugt	conto	300
	heart failur	not mean the mode of	ns the discase.	•••••••••••••••••••••••••••••••••	******************************	
		complication which				
-		ANTECEDENT CAUS	SES			
ő	DISEASES	OR CONDITIONS, I	F ANY, GIVING	***************************************	*****************************	***************************************
AT	UNDERLY	ING CONDITION LA				
15			(0)	***************************************		
RTIFICATION	OTHER SI	GNIFICANT COND	TIONS CON.			
CEF	TRIBUTING	TO THE OEATH, BUT	NOT RELATED			
	19A. DATE OF		9B. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
1		0				YES NO
MEDICAL		ENT WAS UNDER CONTRIBUTING	21B. PLACE OF INJURY (e. about home, farm, factory, street, office h		If in Baltimore City,	give exact location)
2	210. TIME () OF INJURY	Month) (Day) (Year			Y OCCUR?	
			m. WHILE AT NOT WE	ILE C		
	22. I hereby	eertify that I at	tended the deceased from	cu 1 · 5 3, 19 , to	len 28, 195	that I last saw the
	deceased, all	ive on Jun 2	1, 503 and that death be	eurred at July, frosh t	the eauses and on t	he date stated above.
	234 SIGNAT	URE C	touch	23B. ADDRESS 1424	tan.	130753
2	4A. BURIAL, C	REMA- 24B. DATE	24C. NAME OF CEM	ETERY OR CREMATORY 240. L	OCATION (City, town	or county) (State)
	urial	1/31/53	Lorraine Pa		odlawn, Md.	
	OCAL REGISTE		S SIGNATURE	25. FUNERAL DIRECTOR	1 /1/	ADDRESS
	JAN 31 T	33 Tunta	getter Hellouise, by	20 mis from 100	vener +x	smo
	VS 150		(China	416	Quito 1.	2 Mad
11			50	768	Joans 1	1, 114.



	supplied
	fi.
	eg.
	l be
	should arly
	tion h cle
NG	orma
ION	f infess of
R B	eaus
FO	y ite
VED	Ever
MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK. Every item of information should be cally important. Physicians: please write the causes of death clearly and leg
NIE	ING ins: 1
MARC	(FAD ysicia
F	I UN
	WITH tant.
	Y, mpor
	PLA Y,
	PL.
	TE es
	age -
	EAS
	PLEASE 1 TE PLA correct age 5 especiall.

3		EALTH DEPARTMENT E OF DEATH	53 Registered No	1035			
1.	NAME OF DECEASED MARY T. KUN	'Ke/	2. DATE OF JAN - 30	-1953			
B. H	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Institution) FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Institution) FOR A SCENT FOR E	4. USUAL RESIDENCE (Who A. STATE	ere deceased lived. If institution				
c.	Yrs. Mos. Days	- a : - m 1.	as on Ave				
	FEMALE White WIDOWED (Specify)	8. DATE OF BIRTH	9. AGE (in years H Under I Year last birthday) Months Day				
10 work	A. USUAL OCCUPATION (Give kind of a done during moet of worklog life, even if retired) House Wife A. USUAL OCCUPATION (Give kind of a done during moet of worklog life, even if retired) House Wife House Wife	11. BIRTHPLACE (State or fore		IZEN OF AT COUNTRY			
13	JOHN BELKER	14. MOTHER'S MAIDEN NAM	SellMAYE				
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT KUNST	el-113 Cedasci	POFI			
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	seume of the	House 2	T AND DEATH			
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eliges Thetas	Yana -				
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION C.A.	20 YES	AUTOPSY?			
IEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK AT WORK		occur?				
	22. I hereby certify that I attended the deceased from						
TIC	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	MEY CEM 4430	BADALE Rd - BAL				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	4/NC. 1600 Kol	PINS Sr			
	VS 150		4				



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1036 Registered No

1. NAME OF (Type or Print)	DECEASED	lable McFarland		2. DATE OF DEATH	Jan. 28-1953	
B. FLACE OF A. Baltimore B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland OF (If not in hospit	al or institution, give street address of ty Hospitals		here deceased live B. COUNT	y before com	ission)
c. Length of	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If I		1)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Divorced	8. DATE OF BIRTH	O ACE (In your	Months Days Hours	24 Hours Min.
10A. USUAL O work done during mos	CCUPATION (Give kind of t of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTY	
13. FATHER'S	NAME David Gamble		14. MOTHER'S MAIDEN NA Addie Sm		1027	
15. WAS DECEA (Yes, no or unknown	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service) SECURITY NO. Records: 4940 Eastern Ave.					
(This don heart fail injury of the control of the c	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	f dying, e.g., (A) Any of the disease, aused death.) EES (B) STATING THE DUE TO	trophic Lateral Sc			
TRIBUTING TO THE	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT.				
19A. DATE	OF OPERATION 1	9B. MAJOR FINDINGS OF OPE				ND .
CAUSE OF	(Month) (Day) (Year	218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. (Hour) 21E. INJURY OCCURF	etc.) INJURY OCCUR?		ity, give exact location	1)
OF INJURY		m. WHILE AT NOT WHILE				E.
deceased	22. I hereby certify that I attended the deceased from 4-17-, 19 52 to 1-28-, 19 53, the deceased alive on 1-28-, 19 53, and that death occurred a 4.15 mm., from the causes and on the da 23A. SIGNATURE 23B. ADDRESS 25B. ADDRES					
24A. BURIAL, TION, REMOVAL DATE RECEIV LOCAL REGIS	CREMA- 24B. DATE Specify) 2 Specify 2 Specify 2 Specify 2 Specify 2 Specific Research Property 2 Specific Resear	24c. NAME OF CEMETI		ocation (City, t		State)
	The second second	30 70			U -	

7208A

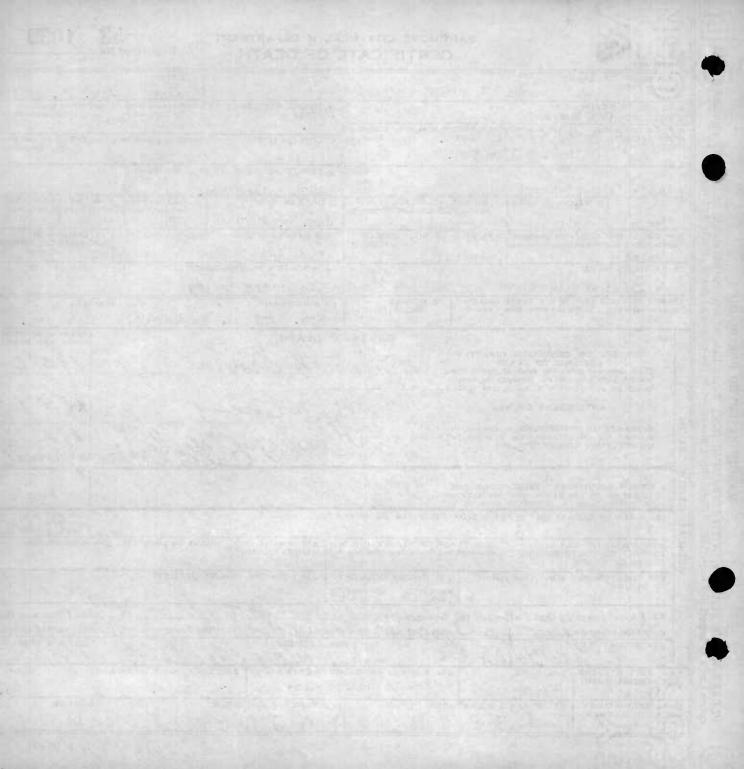
A STATE AND STATE TREE LAND . axiomy to be stated . The second second second second the state of the second

VS 150

1217 St. Paul Street

L's my Victories 4 Som

BALTIMORE CITY HEALTH DEPARTMENT 53 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GEORGE ROBERT WHEELER Jan. 30. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Union Memorial Hosp. location) . BM C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Calvert & 33rd Sts. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 3521 Roland Ave should be early and l 6. COLOR DR RACE | 7. SINGLE, MARRIED 5. SEX 8, DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Jan. 28, 1879 male white married 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Painting Painter Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wheeler Clemintina Baylew 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes no Mrs. Agnes C. Wheeler-352h Roland Ave. INTERVAL BETWEEN item 18. 410X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF T UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS DICA YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! re PLA especiall AT WORK WORK , 19___, that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. deceased alive on 1/15 19 and that death occurred at 2 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) PLEASE New Cathedral Cemetery Balto. Md. Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



he L	BIRTH NO. CERTIFICATE OF DE		1.040
supplied.	(Type or Print) MAK KICKEN	2. DATE OF DEATH / WAR RESIDENCE (Where deceased lived, if B. COUNTY	institution: residence
ully sur	B. FULL NAME OF (If not is pospital or institution, give street address or location) C. CITY OR INSTITUTION	Mand TOWN (If outside corporate limit	
e le	c. Length of stay in Baltimore 39 415 Mos. Days 250	5 Hilldale (ne	xue.
should be arly and	Male White Married Specify) April	.20,1886 last birthday) Mo	Under I Year If Under 24 Hours nths Days Hours Min.
information shous of death clearly	work done during most of working life, even if retired) INDUSTRY	ACE (State or foreign country)	12. CITIZEN OF
ormat f death	Paul Ricklen Do	ma ?	
of	(Tes, no or unknown) (II yes, give war or dates of service) SECURITY NO.	Ricklen 4802	Willeman
Every item write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A)	MATOSIS	ONSET AND DEATH
JINK.		noma of the transverse infiltration of the i stomach	
E 20	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OF THE DISEASE OR CONDITION CAUSING IT.		
ш.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY CAUSE OF DEATH	ERE DID (If in Baltimore City, g	rive exact location)
lıy	OF INJURY WHILE AT NOT WHILE THE WORK AT WORK	V DID INJURY OCCUR?	
ITE PL.	deceased alive on 1-31, 1953, and that death occurred at 11, 5		that I last saw the date stated above.
age.	29. BURIAL, CREMA- 24B. DATE TIDE REMOVAL (Specify) 21153 LUNIAL TURNS THE PROPERTY OF CREMA THE PROPERTY OF CREMA		1-31-53
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE WINDSON MILL ROad 6	AMAGN & Bros -11:	ADDRESS 24-26 W.
	vs 150 Tuntington Virtualus M. J.	North	anne

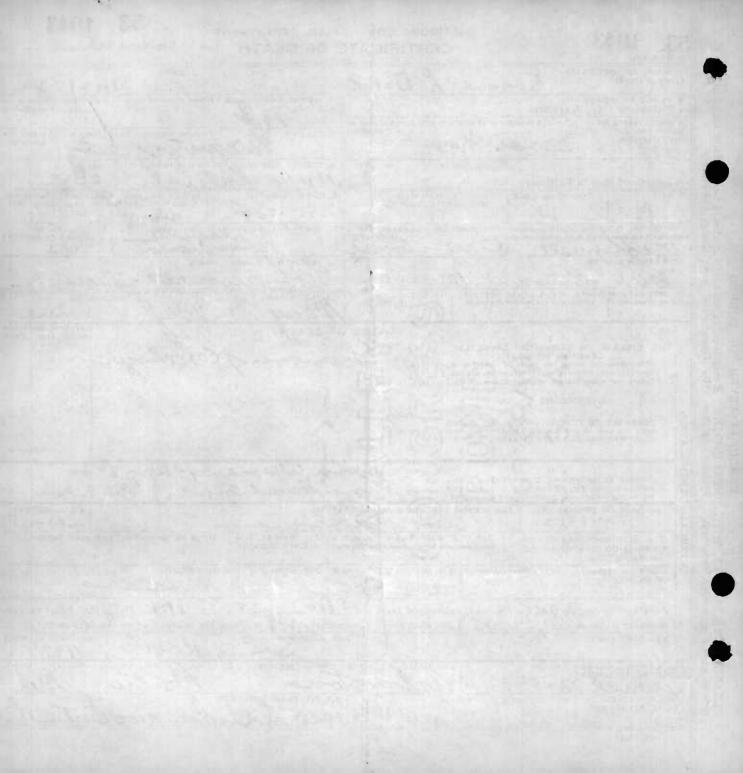
efore admission)

If Undar 24 Hours

, 19 1, that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED -31 24A. BURIAL CREMA-IION REMOVAL (Specify) 248. DAT NAME OF CEMETERY 24b. LOCATION (City, town, or county) Junas DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) If outside corporate limits, write RURAL and give HOOVER IVERSING HOME _ CANTEBURY AL 9. AGE (In years | If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY! ADDRESS GLADFELTER-5303 INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) 5319_, that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED 39 24D. LOCATION (City, town, or county) ADDRES VS 150

4/6-98 Charles and a state of the stat



BIRTH NO I. NAME OF DECEASED Joans, Pensi (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION

6. COLOR OR RACE

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

information should be of death clearly and l

UNFADING Physicians:

Ш

U

EDIC

5. SEX

andrew

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 - 1044Registered No.

AGE (19/years | H Under I Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min.

ADDRESS

(If in Baltimore City, give exact location)

24D. LORATION (City, town, or county)

12. CITIZEN OF WHAT COUNTRY

2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS (If rural, give location

Yrs. Dave WIDOWED DIVORCED (Specify)

11. BIRTHPLACE (State or foreign country) INDUSTRY

DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which eaused death.)

7. SINGLE, MARRIED

KIND OF BUSINESS OR

16 SOCIAL

DUE TO

SECURITY NO

(C)

20. AUTOPSY

INTERVAL BETWEEN DNSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

LEADING TO DEATH

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

LYING OR CONTRIBUTING

1 19B. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE!

about home, farm, factory, street, office bldg., etc.)

AT WORK

21F. HOW DID INJURY OCCUR?

1900 to 1-31 22. I hereby certify that I attended the deceased from I - / Y -. 19 that I last saw the deceased alive on 1-3/ 19 2, and that death occurred at Im., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

NAME OF CEMETERY DR CREMATORY

BURIAL, CREMA-N REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

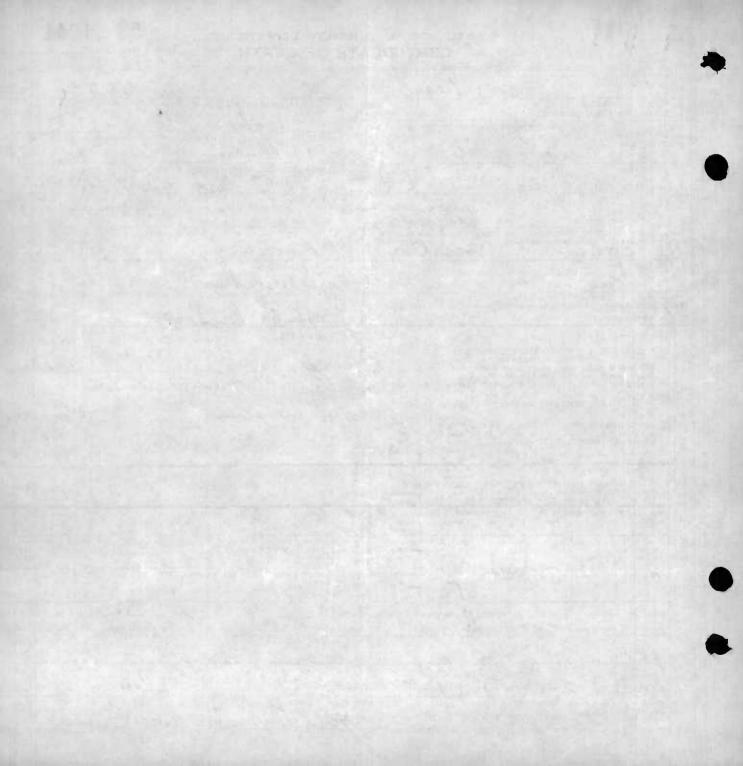
REGISTRAR'S SIGNATURE

21c. WHERE DID

INJURY OCCUR?

ADDRESS

VS 150



MARGIN RESERVED FOR BINDING	PLEASE Y ITE PLACE, LY, WITH UNFADING INK. Every item of information sho	correct age is especially important. Physicians: please write the causes of death clearl
RESE	INK	please
MARGIN	UNFADING	Physicians:
	WITH	ortant.
	LY,	imp
	TE PLA	especially
1	3	S
	田	age
	PLEAS	correct

3 1045 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Regis
1. NAME OF DECEASED (Type or Print)	Willingham	2. DATE OF DEATH
A PLACE OF DEATH.	I d lighted pecipence (N	71 1

53 1045

11	CERTIFICATI	- ()F DFAIH	registered M	0
В	IRTH NO.	2 OI BEATTI		
1.	NAME OF DECEASED		2. DATE	1.54
(7			OF .	1
1	James F Willingham		DEATH //3/	133 709
	PLACE OF DEATH:	4. USUAL RESIDENCE (W	here deceased hved. If it	nstitution : residence
Α.	Baltimore City, Maryland	A. STATE	B. COUNTY	before admission
	FULL NAME OF, / (If not in hospital or institution, give street address or	Md.	71	
H	OSPITAL OR location	C. CITY OR TOWN . (If	outside corporate limits,	write RURAL and give
II II	ISTITUTION 170	7 11	/ /	township
L	utheran Hosp of Md. Inc.	Daltimor	E 110-	5300
	Yrs.	D. STREET ADDRESS (If	rural, give location)	19
	Mos.		1 11 0	
	Length of stay in Baltimore Life Days	4200 Lare	1W8/1 H	NO 116
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	B. DATE OF BIRTH		Inder 1 Year If Under 24 Hours
	WIDOWED, DIVORCED (Specify)	17/2/-	last birthday) Mon	ths Days Hours Min.
	19 W W/100.	1/4/7/	82	
10	A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 1	12. CITIZEN OF
wor	done during most of working life, even if retired) INDUSTRY	4 . 1		WHAT COUNTRY
	retired Carpenter DINEN BUCINESS	140		10. C A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	4.3.7
		- 2: -		
	- Wa G. Willinghow	Sanah F	cycles	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	74/27	
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	AD	DRESS
	Nove	Ethel Willia	obans ~	Haushite
			3	
	1B. LLUBX CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY HOUTE	9		ONSE! AND DEATH
	District Office of the Control of th	/)	1 -1	
	(This does not mean the mode of dying, e.g., (A)	-stive Hear	t Fallun	-
	mear viairure, astricina, etc. it ilicans the disease.			
1	injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES			
7	-A-1-	rio-sclerofi	-	
HOLL	DISEASES OF COMPLETONS			
Ě	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO 14/6	portensive	76 16-61 1700	PRODUCES NO
1				
10	Can	diovascular	diseast	2
RTIFI	(C)			
F				
	OTHER SIGNIFICANT CONDITIONS CON-			
H	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20 AUTODOVA
L	ISB. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
M	Wone -			YES NO
15	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, gi	ve exact location)
EDI	HOMICIDE (Specify) about home, farm, factory, atreet, office hidg., e	tc.) INJURY OCCUR?		
M				
12	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			
	m. WHILE AT NOT WHILE		1	
	11.	20/5310 11	121/52	
	22. I hereby certify that I attended the deceased from I	19 , to	/ 36/3 J, 19,	that I last saw the
	deceased alive on 1/3/153, 19 and that death occur	red at 129 Am from the	ie causes and on the	date stated above
		38. ADDRESS.	A A	23c. DATE SIGNED
		SO. ADDRESS	1/10 - 0 -1/10	23C. DATE SIGNED
	J. dilberman, M. D.	Otrifferan o	402Kercal	1/21/93
2	4A. BURIAL, CREMA- 34B. DATE 24C NAME OF CEMETER	RY OR CREMATORY 24D. LC	CATION (City, town, o	r county) / (State)
1 200	N PEMOVAL (Specify)			, , , , , , , , , , , ,

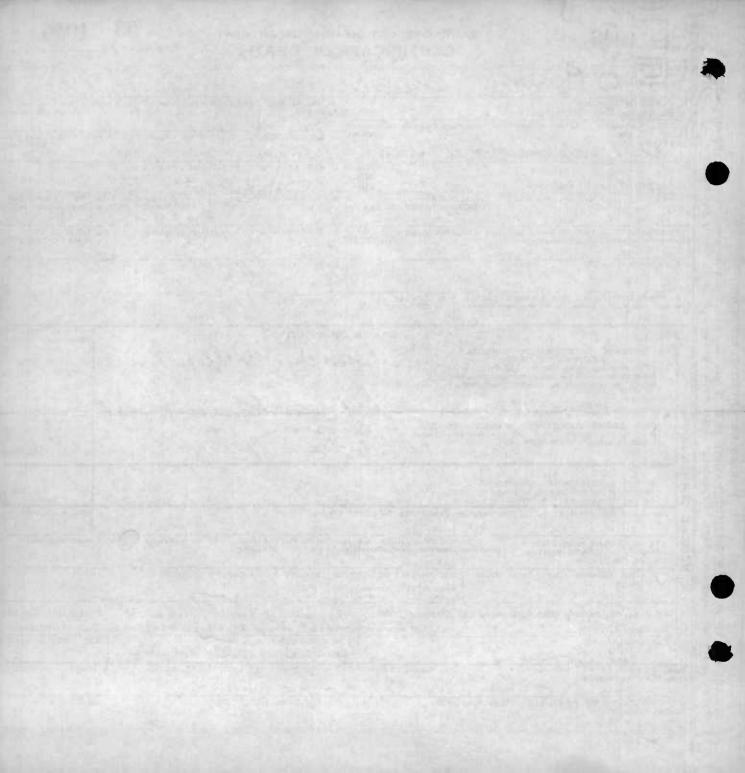
Balto Nd ADDRESS wal I fame 7401. Belain Rd Parkwood Cem 2/2/53 F DATE RECEIVED BY LOCAL REGISTRAR VS 150

than the

BINDING

RESERVED

VS 150



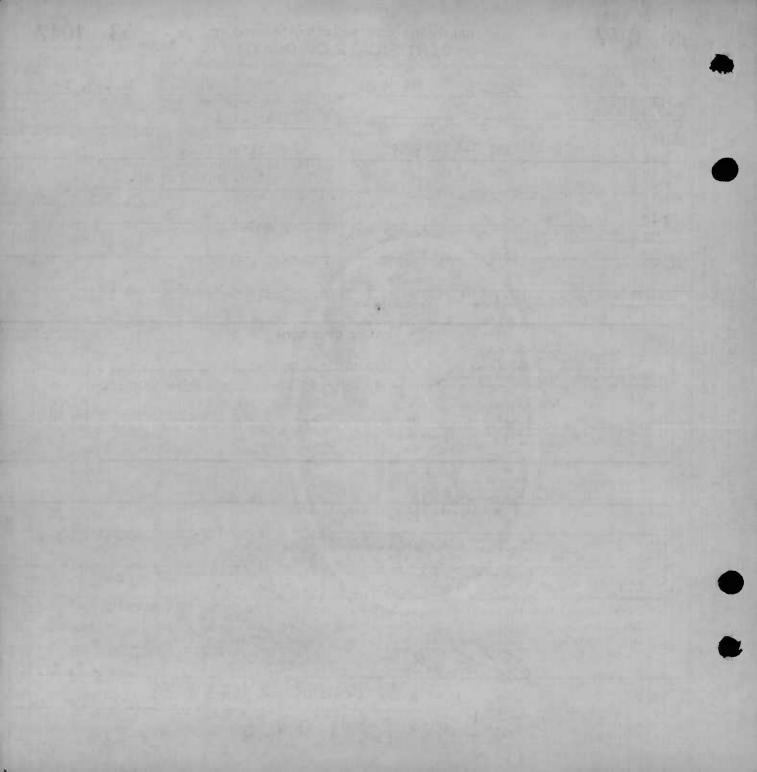
V S 151

10	Q	- 10.
53	1	047

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1047

BII	RTH NO.		CERTIFICATI	E OF DEATH	Registered N	0
1. (T)	NAME OF DECEASED ype or Print) W	ETZEL	TRIEBER			8, 1953
Α.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before admission
HC	OSPITAL OR		ion, give street address or Iocation) y Morgue	c. CITY OR TOWN (Baltimor		s, write RURAL and giv
c.	Length of stay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS () 515 W. M	of rural, give location) ulberry St.	
5.	SEX 6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hours nths Days Hours Min
10	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)		OF EUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME		N O	14. MOTHER'S MAIDEN	NAME	
	. WAS DECEASED EVER IN U. S. ARMEI n. no or unknown) (If yes, give wsr or date		16. SOCIAL SECURITY NO.	17. INFORMANT W	A	DDRESS
RTIFICATION	heart failure, asthenia, etc. It mei injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	caused death SES FANY, GIVIT STATING TI	(B)		scular disease	9
ERTIF	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	ED			
7	19a. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n of 21c. WHERE DID total INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
ME	21D. TIME (Month) (Day) (Year OF INJURY		21E. INJURY OCCURR WHILE AT WORK		RY OCCUR?	
	22. I certify that I took char the evidence obtained by and death in my opinion	said Auto	remains described o	Inquiry, find that said \Box , accident \Box , suicid	deceased died on the \square , homicide \square , u	e day stated above ndetermined □.
	23a. SIGNATURE	86	shen	ASSISTANT MEDICA LD. MEDICAL INVESTIGA		n. 8, 1953
	4A. BURIAL, CREMA- DN, REMOVAL (Specify)		24C. NAME OF THE HUNG	19 MEDICAL SCHOOL 1414	2 4 1905	
	ATE RECEIVED BY REGISTRAR	S SIGNATI	500 n	25. FUNERAL DIRECTOR	ton Williams	ADDRESS



MARGIN RESERVED FOR BINDING UNFADING Physicians: p WITH important.

PLEASE correct ag

1	.400		
		TIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 1048
led.	1. NAME OF DECEASED (Type or Print) Walter	Kelly	2. DATE OF DEATH 1/5/53
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)	A. STATE	Where deceased lived If institution: residence B. COUNTY before admission)
ully y.	HOSPITAL OR INSTITUTION University Has	location) C. CITY OR TOWN (If	outside ediporate limits, write RURAL and give township)
legan	c. Length of stay in Baltimore	Yrs. Mos. Days	All Sold Strate
uld be		MARRIED, ED, DIVORCED (Specify)	9. Age (In years if Under 7 Year if Under 24 Hours Min.
n should clearly ar	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	peign country) / 12. CITIZEN OF WHAT COUNTRY?
information shous of death clearly	13. FATHER'S NAME	14. MOTHER'S MAIDEN N.	Ma Ran
f infores of of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
y item of i	18. 43 4 1 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH Congestive Hea	INTERVAL BETWEEN ONSET AND DEATH
Every write th	(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death.		M JASUAU
INK.	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	

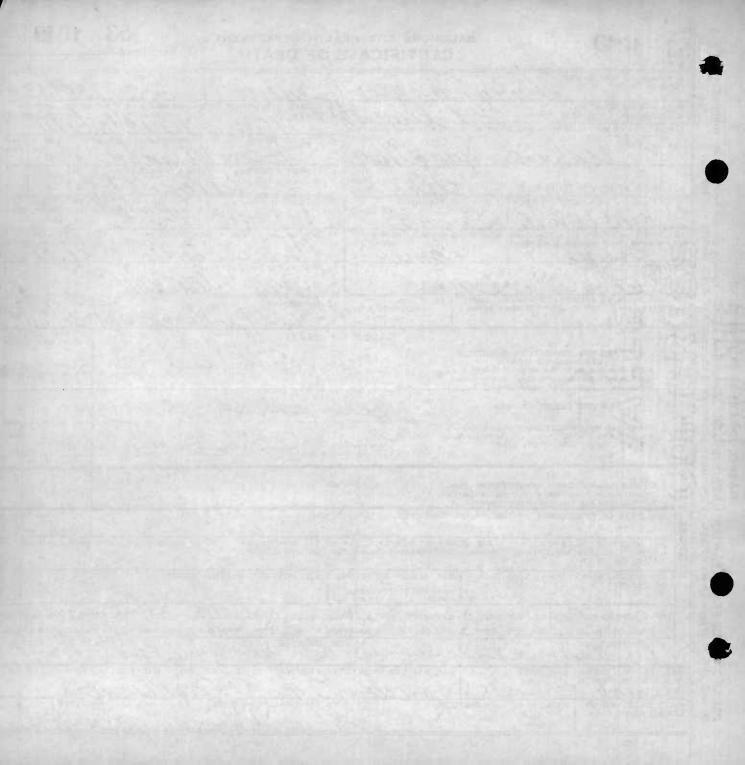
_			
	18. 434,11	CAUSE OF DEATH	INTERVAL BETWEE ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Congestive H	eart Failure
	ANTECEDENT CAUSES		
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)	<u> </u>
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 19B. MAJOR FI	NDINGS OF OPERATION	20. AUTOPSY?
2	21A. ACCIDENT WAS UNDER. 21B. PLACE	OF INJURY (e.g., in or 21c. WHERE DID	(If in Baltimore City, give exact location)

ED about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE m. WORK 22. I hereby certify that I attended the deceased from 43 1953, that I last saw the 1953, and that death occurred at deceased alive on 1132 km., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or equinty) (State)

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

LOCAL REGISTRAR VS 150

address given by The. Pursan



BIRTH NO I. NAME OF DECEASED (Type or Print) enie 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days information should be of death clearly and l 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX Marvied 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR work done during most of working life, even if retired)
HOUSE WORK INDUSTRY Housewi 13. FATHER'S NAME MTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yee, no or unknown) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WOM 22. I hereby certify that Lattended the deceased from 1952, and that death occurred at deceased alive on 28A SIGNAPULE 238/ADDRESS PLEASE V correct age 248. DATE 24A. BURIAL, CREMA-

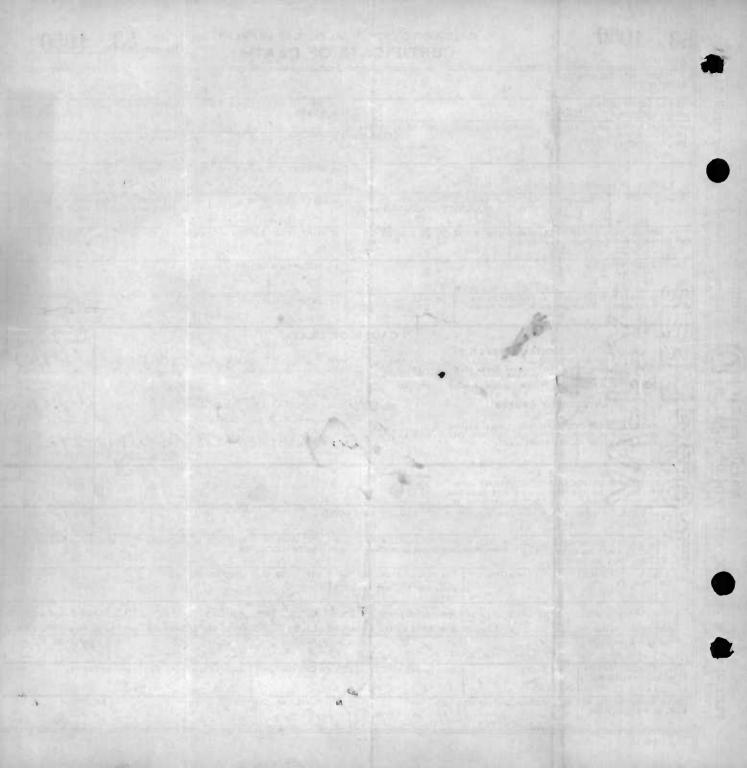
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1050 CERTIFICATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give logation) -VZerne 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 9. AGE (in years) last birthday) Months Days Hours Min. 10, 1892 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 17. INFORMANT 837 N. LUZERNE NUE FHIRT INTERVAL BETWEEN ONSET AND DEATH Ondio Trocular 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21F, HOW DID INJURY OCCUR? that I last saw the m. from the causes and on the date stated above. 23c/DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) edgemer 25. FUNERAL DIRECTOR ADDRESS

VS 150

TION, REMOVAL (Specify) Buria

DATE RECEIVED BY

LOCAL REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside of porate limits, write RURAL and give nearest town OR and give nearest town) OR (in this place) TOWN Battimore rural give location HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 573 South Bentalon Street NAME OF (Day) (Middle) 4. DATE (Month) (Year) (First) (Last) DECEASED: Will DEATH: (Type or Print) 8. DATE OF BIRTH: 9. AGE last birmday: If UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX : 6. COLOR OR 7. SINGLE, STARRIDID WIDOWED, DIVORCED, Hours | Months Days (Specify): ACE (State or foreign country): 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY: work done during most of working life, moe: even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Solul 1813 Jeven Bente (Yes, no, or unk.) | (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 443X (a) Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY 7 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No (COUNTY) (STATE) (CITY OR TOWN) ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY While at Not While At Work , that I last saw the decensed 22. I hereby certify that I attended the deceased from from the causes and on the date stated above. , and that death occurred at (Degree or title) BURIAL, CREMATION, LOCATION (City, tow (Specify) deralitions. ADDRESS Tram

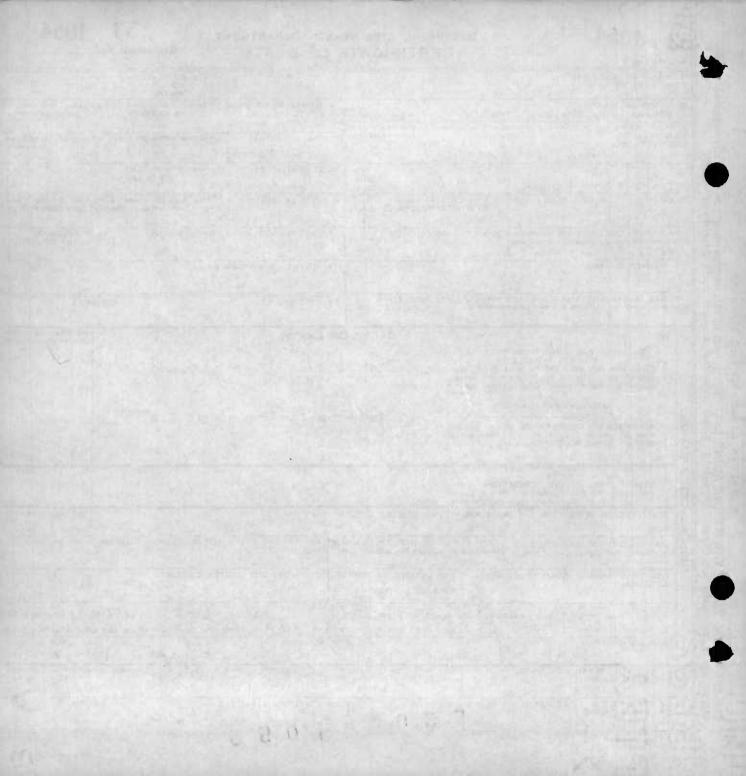
المعلاد بالوي RFD and Fallent Er mel. Early william Louise and chargeth is docum it is in a 725 2/3-43

ر ا		3 2— 3 1052 BA	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	53 Registered No	1.052
ed.	1.	NAME OF DECEASED Type or Print) MAX LENET	TZKY		2. DATE OF DEATH	1/53
ully supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institu	tion, give street address or	4. USUAL RESIDENCE (W	hcre dcceased lived. If in B. COUNTY	stitution: residence before admission)
ully s	H	OSPITAL OR NSTITUTION VIVIV. HOSA	location)	C. CITY OR TOWN (If	outside corporate de la	write RURAL and give township)
e g	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If I	eural, give location)	
uld be y and	5.	M MIDON	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years lift) last birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.
VDING information should be d	1C worl	DA. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Besa MA	reign country) 1	2. CITIZEN OF WHAT COUNTRY
VG rmatic death	13	JOSEPH		14. MOTHER'S MAIDEN NA	ME 7	
Dill	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 10, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	, ADI	DRESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	g., (A) CALCA Se, se, h.) DUE TO (B)	of death noma of Stoms	uh	INTERVAL BETWEEN ONSET AND DEATH
HI.	AL C		R FINDINGS OF OPER	1	32 300 C 4 Tion/	20. AUTOPSY?
LY, WITH	MEDIC		ACE OF INJURY (e. g., i. farm, factory, street, office bldg.,	a or 21c. WHERE DID (If	in Baltimore City, giv	e exact location)
ally in	-	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
TE PL		22. I hereby certify that I attended the	and that death occur	red at 95 Am., from th	ne causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
SE v	2.4 TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24¢. NAME OF CEMETE	RY OF CREMATORY 24D. LC SMEDIAL SHOUL AN 2	A. CATION (City, town, or 1 1953	(State)
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNAT	URE C	25. FUNERAL DIRECTOR	Alliaus Mis	DDRESS
		Vs 150	290	6 A		

M-7	+	20	F2 40F2
00	BI	53 1053 BALTIMORE CITY HE CERTIFICATI	
d.	1.	NAME OF DECEASED (ype or Print) William Walsh	2. DATE OF DEATH 1-16-53
ully supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
lly su	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
dul.	-	& UNIVERSITY HOSPITAL Yrs.	D. STREET ADDRESS (If rural, give location)
be of		Length of stay in Baltimore Mos. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE In yours If Under I Year If Under 24 Hours
should kearly and		M WIDOWED, DIVORGED (Specify)	Mark Min.
n sho	work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY
VDING information should be d to death clearly and le	13	B. FATHER'S NAME	14. MOTHER'S MADEN NAME
of of	I 5 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) (If yes, give wer or dates of service) (If yes, give wer or dates of service)	17. INFORMANT ADDRESS
VED FOR BIN Every item of i		DISEASE OR CONDITION DIRECTLY	OF DEATH
Every write th		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	alized penitonitis 3 days
24 2	Z	ANTECEDENT CAUSES (B) Runto	red gangrenous ileum 5 days
GIN REDING IN	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	cuated strangulated inguil
MARGIN RESE UNFADING INK. Physicians: please	ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	ia
Hel	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
LY, WITH important.	IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or 21C. WHERE DID (If in Baltimore City, give exact location)
ally im	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRI OF INJURY WHILE AT WORK AT WORK	
TE PL especia		22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death occur	red at 3 Pm., from the causes and on the date stated above
SI.		23A. SIGNATURE D. A. Wolfel M.D. 2	University Hospital 23c. DATE SIGNED 1-17-53
PLEASE V	710	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	NS MEDICAL SCHOOL IAN 2 1 1953
PLEASE correct a		ATE RECEIVED BY COLAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	-	Vs 150	

4 (1 1)

	1054			53	1054
53		TIMORE CITY HEA	ALTH DEPARTMENT	Registered No	4 2 12
	RTH NO.	CERTIFICATE	OF DEATH		
	NAME OF DECEASED 'ype or Print)	1-1.		2. DATE OF /- 2	22-53
	PLACE OF DEATH:	John.	4. USUAL RESIDENCE (W	nere deceased lived. If in	
	Baltimore City, Maryland Univ	Hosp.	A. STATE M D	B. COUNTY	before admission
HC	OSPITAL OR	location)		utside corporate limits,	write RURAL and g
2	2 Univ Hospi		Baltimore	17	- O Stownsh
		Yrs. Mos.		ural, give location)	
	Length of stay in Baltimore SEX 6. COLOR OR RACE X SINGLE	Days	B. DATE OF BIRTH	0 1	nder 1 Year If Under 24 Ho
	M negro WIDOW	ED, DIVORCED (Specify)	Un la non	last birthday) Mon	ths Days Hours M
	A. USUAL OCCUPATION (Give kind of 108. KIND		11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF
	Market employed	INDUSTRY	Makin	en	WHAT COUNTE
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	In know		Vinja	nen	
15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or detee of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
_	18. 1361		OF DEATH		INTERVAL BETWE
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON			3A.J.	
1:1	TRIBUTING TO THE DEATH, BUT NOT RELATE				
S	TO THE DISEASE OR CONDITION CAUSING IT	r	ATION		L 20 'AUTOPSY
L	TO THE DISEASE OR CONDITION CAUSING IT	D	ATION		20. AUTOPSY
EDICAL C	19A. DATE OF OPERATION 19B. MAJOR	r	or 21c. WHERE DID (If	in Baltimore City, gi	YES NO
DICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour).	FINDINGS OF OPERA	or 21c. WHERE DID (1f c.) INJURY OCCUR?		YES NO
EDICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour).	FINDINGS OF OPERA	or 21c. WHERE DID (1f c.) INJURY OCCUR?		YES NO
EDICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home. for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour). OF INJURY 22. I hereby certify that I attended the	FINDINGS OF OPERA CE OF INJURY (e. g., io arm, factory, atroot, office bldg., etc 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK deceased from 1 1 1	or 21c. WHERE DID (If INJURY OCCUR? D 21f. HOW DID INJURY , 1952, to 1	OCCUR7	ve exact location) that I last saw
EDICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour). OF INJURY 22. I hereby certify that I attended the deceased alive on 1-22-, 1952.	FINDINGS OF OPERA CE OF INJURY (e. s., io arm, factory, atroot, office bldg., etc.) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK deceased from 1 - 1 and that death occurr	or 21c. WHERE DID (1st INJURY OCCUR? D 21f. HOW DID INJURY 0 , 1952, to 1 red at 10 Am., from th	OCCUR?	ve exact location) that I last saw e date stated abo
EDICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour). OF INJURY 22. I hereby certify that I attended the deceased alive on 1-22-, 1952.	FINDINGS OF OPERA CE OF INJURY (e. g., io arm, factory, street, office bidg., etc.) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK deceased from 1 1 23	or 21c. WHERE DID (If INJURY OCCUR? D 21f. HOW DID INJURY , 1952, to 1	OCCUR7	ve exact location) that I last saw date stated abo
MEDICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour). OF INJURY 22. I hereby certify that I attended the deceased alive on 1-22-, 1953. 23A. SIGNATURE W Hereby LEAST LYING 19B. MAJOR	FINDINGS OF OPERA CE OF INJURY (e. s., io arm, factory, atroot, office bldg., etc.) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK deceased from 1 1 2 and that death occurr M. D.	or 21c. WHERE DID (1st INJURY OCCUR? D 21f. HOW DID INJURY 0 , 1952, to 1 red at 10 Am., from th	occur? - ZZ, 1953, e causes and on the	that I last saw date stated about 23c. DATE SIGN
MEDICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home. for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour). OF INJURY 22. I hereby certify that I attended the deceased alive on 1-22-, 1952. 23A. SIGNATURE 4A. BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE	FINDINGS OF OPERA CCE OF INJURY (e.g., io arm, factory, atreet, office bldg., etc.) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK deceased from 1 - 1 and that death occurr M. D. 24C. NAME OF CEMETER	or 21c. WHERE DID (If INJURY OCCUR? D 21f. HOW DID INJURY O , 1952, to // red at / O Am., from the BB. ADDRESS	occur? - 22 , 1953, e causes and on the	that I last saw date stated about 23c. DATE SIGN
MEDICAL C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. 21B. PLA LYING OR CONTRIBUTING about home. for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour). 20D. TIME (Month) (Table 1) 20D. TIME (Month) (Month) (Day) (Year) (Hour). 20D. TIME (Month) (Mont	FINDINGS OF OPERA CCE OF INJURY (e.g., io arm, factory, atreet, office bldg., etc.) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK deceased from 1 - 1 and that death occurr M. D. 24C. NAME OF CEMETER	or 21c. WHERE DID (If INJURY OCCUR? D 21f. HOW DID INJURY O , 1957, to /red at / O Am., from the SB. ADDRESS	occur? - 22 , 1953, e causes and on the	that I last saw date stated abo 23c. DATE SIGN 1-22-55 recounty) (Sta



MARGIN

VS 150

STOTE OF BEEN

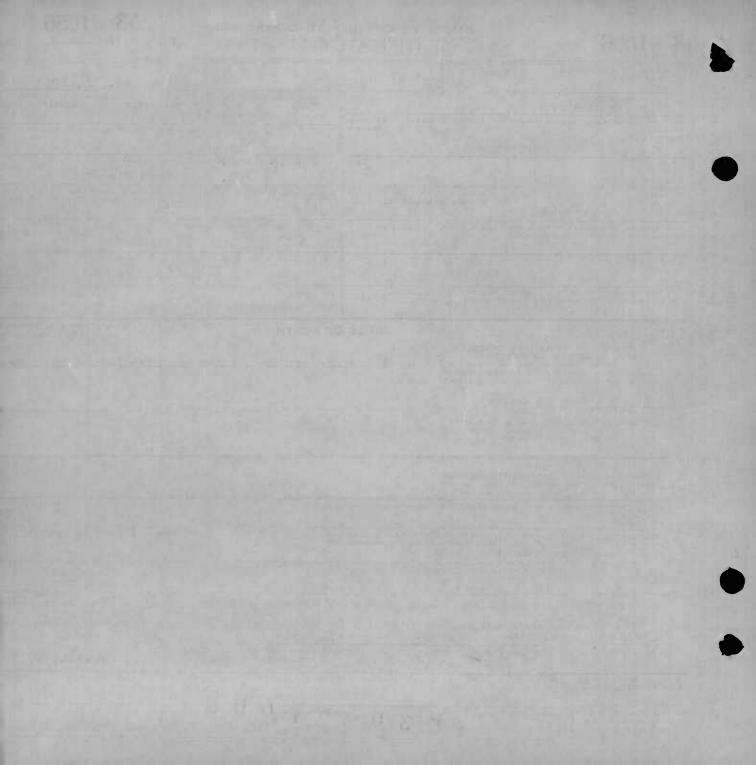
BINDING

FOR

RESERVED

MARGIN

V S 151



before admission)

12. CITIZEN OF

WHAT GOUNTRY

INTERVAL BETWEEN

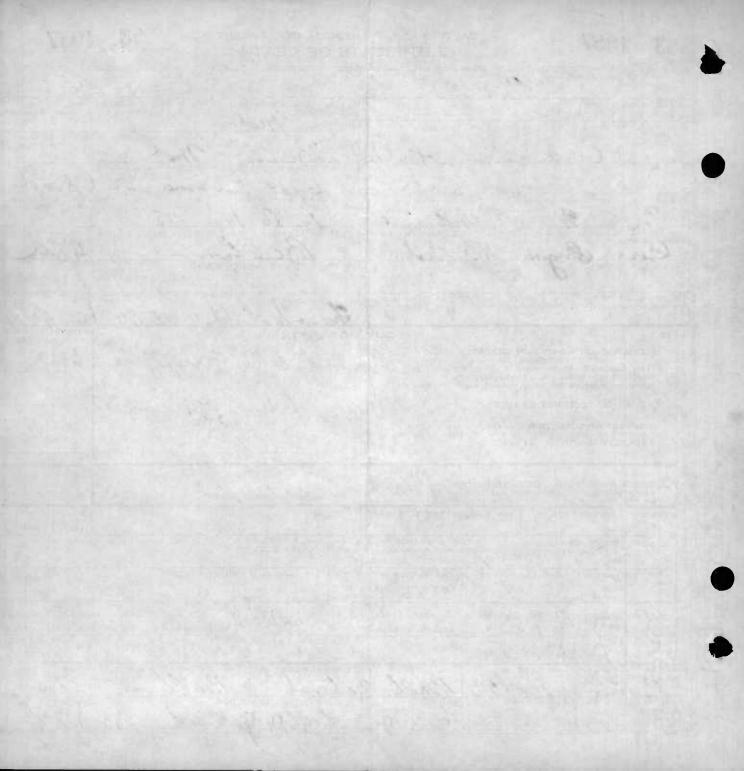
DNSET AND DEATH

20. AUTOF

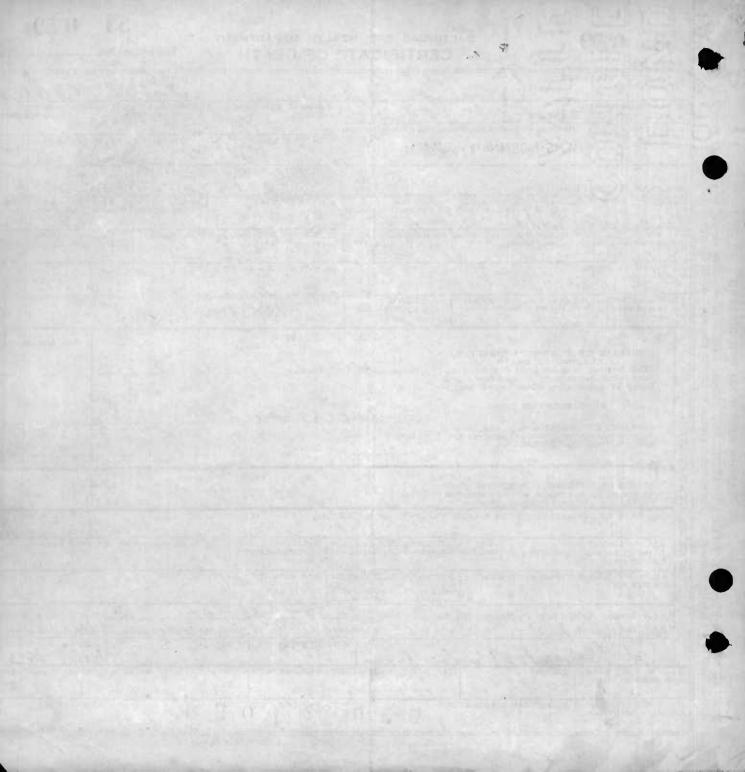
23g. DATE SIGNED

ADDRESS

(State)



10		612			X						
5		2 1050	BALTIMORE CITY HE	EALTH DEPARTMENT	53	1058					
lly supplied.	5		CERTIFICAT		Registered No.	4 4 4 4 4					
		NAME OF DECEASED			2. DATE						
		ype or Print) GROU	ES G	EORGE	OF DEATH /- 5	0-53					
		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)					
	В.		institution, give street address or location)		f outside corporate limits, v	7,					
		STITUTION UNIU.	HOSD.	C. CITY OR TOWN	outside corporate mints, v	township)					
	7) 6	Yrs. Mos.	o. STREET ADDRESS (I	rural, give location)	2/					
e ca	_	Length of stay in Baltimore SEX [6.COLOR OR RACE 7.	Days	2229	MONOCA	CY Rd					
VDING information should be ca s of death clearly and leg	5.		SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Yed II Under 24 Hours ns Pays Hours Min.					
shou	10 work	A. USUAL OCCUPATION (Give kind of 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BYRTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?					
on		R. Z.	KETIRED	Balto ma		WHAT COONTRIT					
r nati	13	FATHER'S NAME		4. MOTHER'S MAIDEN N	IAME						
for f de	15	. WAS DECEASED EVER IN U. S. ARMED FOI	LOVES	DESS							
BINDING of inform uses of dea	(Yes, no or unknown) (If yes, givo war or dates of service) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, givo war or dates of service) 17. INFORMANT ADD 17. INFORMANT ADD 17. INFORMANT										
		18. 6/6 X 1	CAUSE	OF DEATH		INTERVAL BETWEEN					
o it		DISEASE OR CONDITION DIR. LEADING TO DEATH		IIREMI	4						
- 1		(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ne disease,								
2 P		injury or complication which cause ANTECEDENT CAUSES	d death.) OUE TO	PA MARTE	O- NEPhROS	2					
RESEI INK.	Z		(В)	AC ONCION	0-10cpnkos	7					
r Pe	TION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST,		BENIEN PR	OSTATIC						
MARGIN UNFADINC Physicians:	RTIFICA		(C)	KI/	PERTRODIT						
MARGIN NFADIN nysicians:		OTHER SIGNIFICANT CONDITION	NS CON.	//							
MA UNF Physi	CEF	TRIBUTING TO THE OEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED								
н	AL	19a. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7					
WIT	DICA		1B. PLACE OF INJURY (e. g., i		(If in Baltimore City, give	YES NO L					
Y, WITH	MEC	LYING OR CONTRIBUTING	out home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?							
A P	-	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	The second secon		Y OCCUR?						
Alla	F		m. WHILE AT NOT WHILE AT WORK		1- 100						
re Pi		22. I hereby certify that Lattend		27/53 19 , to /	130 / 5 3, 19 , the causes and on the	that I last saw the					
		dcceased alive on 12 AM, 19	If and that death of	23B. ADDRESS	the equises and on the	23c. DATE SIGNED					
E W		Win R.	sruce m.o.	Umu.	Hack	(State)					
PLEASE correct ag		A. BURIAL, CREMA- DN. REMOVAL (Specify) 2-2-3	Par Lawn	RY OR CREMATORY 240	OCATION (City, town, or	md (state)					
LEA		ATE RECEIVED BY REGISTRAR'S S		26. FUNERAL DIRECTOR	7/ - 4	DDRESS					
E O	L	FEB 1 1951 Hunting	ton of Flieder (V)	A much in	241401C	cellen ly					
		VS 150	106	200							
THE STATE OF	1		6 /	010							

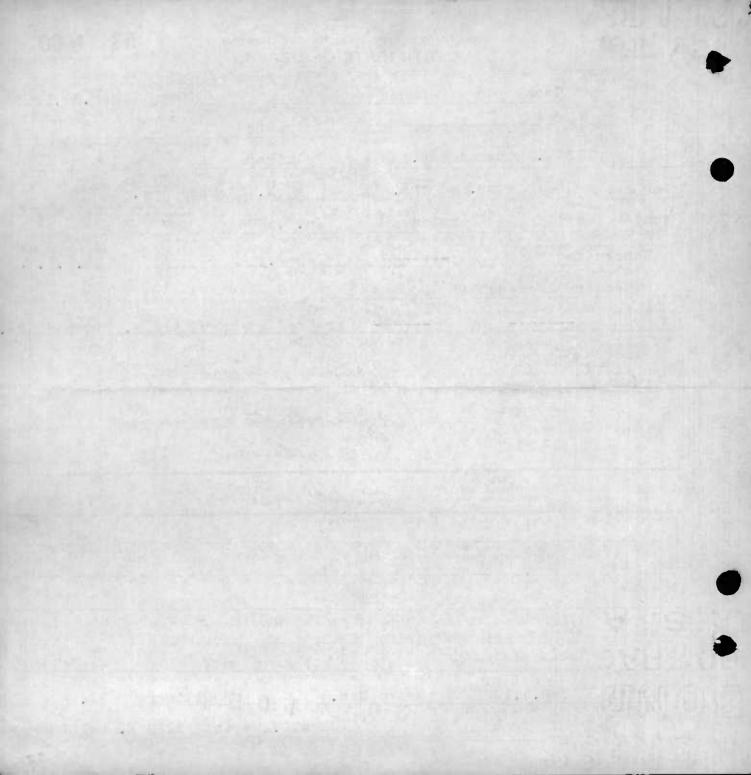


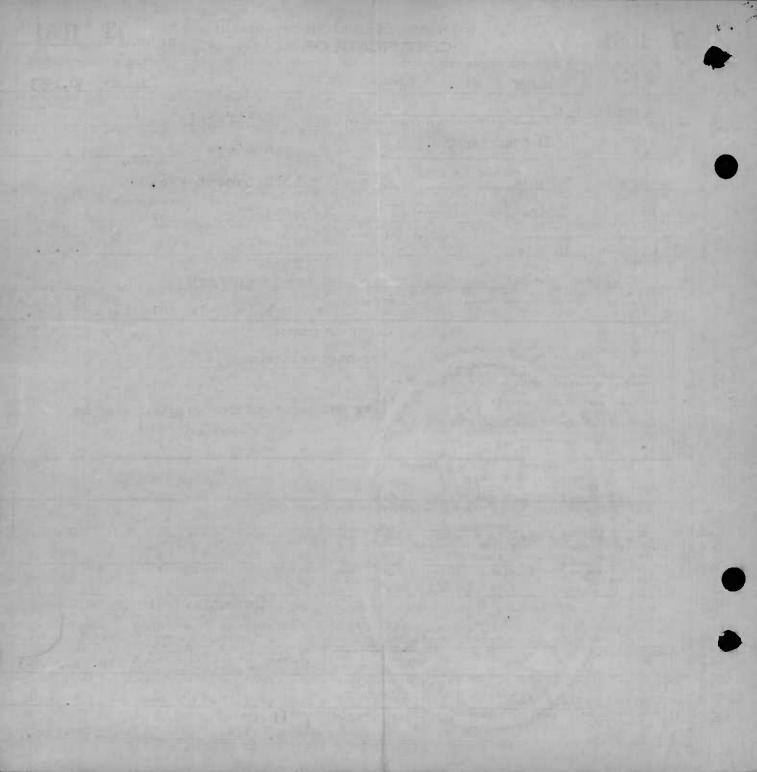
MARGIN RESERVED FOR BINDING

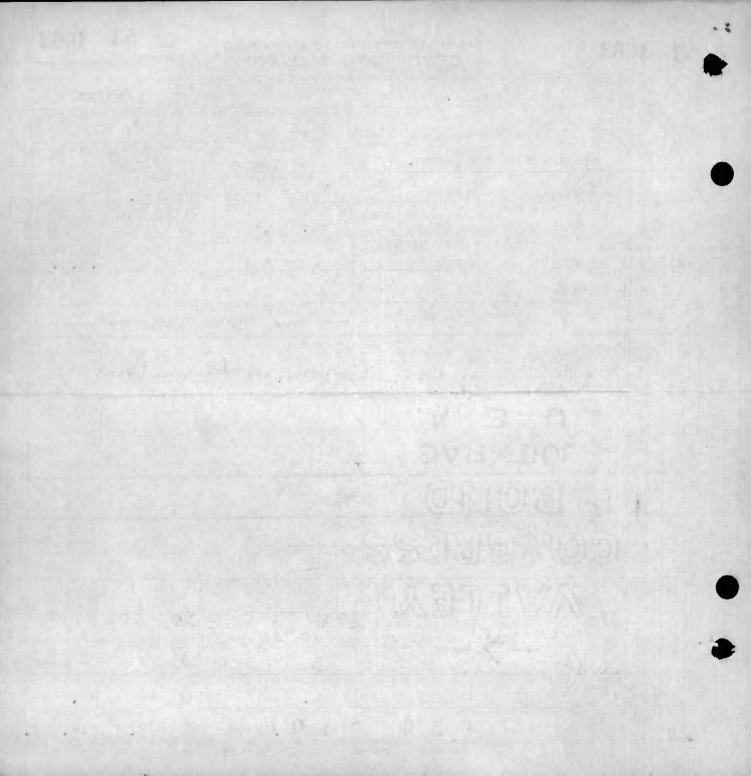
BALTIMORE CITY HEALTH DEPARTMENT

1000

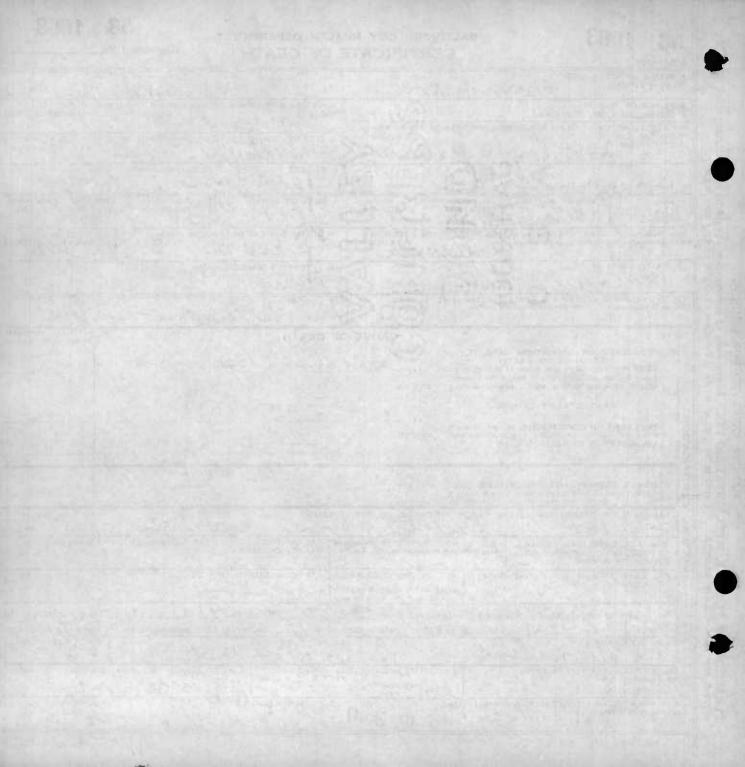
BIRTH NO.		CERTIFICAT	E OF DEATH	Registered	No				
1. NAME OF DECEASED (Type or Print)	Cera Edna	Deshner		2. DATE OF DEATH	Jen 50 1057				
3. PLACE OF DEATH: A. Baltimore City, Mar			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived. 8. COUNTY	If institution: residence before admission				
B. FULL NAME OF (If I HOSPITAL OR INSTITUTION 213	N. Linwood	location)	1	If outside corporate in	nits, write RURAL and give township				
c. Length of stay in Ba	ltimore Appr.	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)					
Female Wh	ite WIDOWI	MARRIED. ED. DIVORCED (Specify)	8 DATE OF BIRTH	9. AGE (In years)	H Under 1 Year M Under 24 Hear Months Days Hours Min				
10A. USUAL OCCUPATION work done during most of working life, Housewife	oven if retired)	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME	McLaughlin		14. MOTHER'S MAIDEN	NAME	U.S.A.				
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, gi	U. S. ARMED FORCES? ve war or dates of service)	I6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
18. 4201 an	d 260x	CAUSE	Mr Fred Deshi OF DEATH	ner 213 N.	Interval Between				
(This does not mean heart failure, asthenia	NDITION DIRECTLY TO DEATH the mode of dying, e.g., etc. It means the disease, on which caused death.		many reclu,	ren	•••••••••••••••••				
Z DISEASES OR CONE	ENT CAUSES DITIONS, IF ANY, GIVING CAUSE (A) STATING THE DITION LAST.	(B) arte	moselerole e	erderas.	-6-				
OTHER SIGNIFICANT TRIBUTING TO THE D	II NT CONDITIONS CON- EATH, BUT NOT RELATED CONDITION CAUSING IT.	1/11	lett, melli	tu					
19A. DATE OF OPERAT	TION 0 198. MAJOR	FINDINGS OF OPER	ATION		YES NO				
21a. ACCIDENT WAS LYING OR CONTRIE CAUSE OF DEATH		CE OF INJURY (e. g., in rm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City,	give exact location)				
2ID. TIME (Month) (I OF INJURY	ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE								
deceased alive on 1	22. I hereby certify that I attended the deceased from /-27-, 1953, to /-30 , 1953, that I last saw the deceased alive on /-30 , 1953, and that death occurred at								
23A. SIGNATURE	lan & Youls		3B. ADDRESS 14 M Gas au	u	23c. DATE SIGNED				
Burial I	Feb.3,1953	c. NAME OF CEMETE Parkwood Se	m. OF	Roltimore	Md.				
LOCAL REGISTRAR	GISTRAR'S SIGNATUR	F 5 3 U	John A. Mora	n 3000 E	ADDRESS Baltimore				
VS 150	A .		lu / He Leu	<i>Y</i> 5					



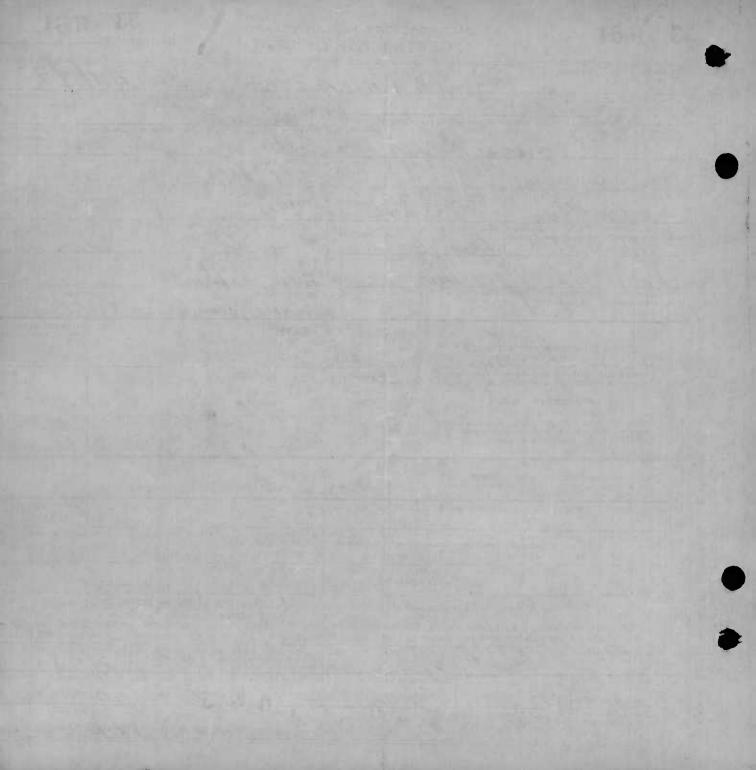




)	-	150					100	1 1) / prom.			r:0	1000
information should be confilly supplied. The	ľ	3 10	63		ВА	LTIMORE			RTMENT		53	1063
	1	IRTH NO.				CERTI	FICAT	E OF DEA	TH	Register	ed No	
		NAME OF D	ECEAS	7 %	in t	lune	2			2. DATE OF DEATH T	bus	114 1 1953
		PLACE OF D Baltimore		Iaryland	V. U.			4. USUAL RES	IDENCE (Wh			ution: residence lectore admission
	H	FULL NAME	OF	(If not in hosp	ital or institu	tion, give stre	et address or location)		MAN (If a)	utside cornorate	limite wai	te RURAL and give
	11	M	261	5 dog	was	author	ay	120	timor	2	5-	township
	c.	Length of s	tay in	Baltimore	581	Ira	Yrs. Mos. Days	26/5	ORESS (If ru	ral give location	ilke	oaj
	5.	Male.	6. COL	OR OR RACE	MIDON	E. MARRIED VED, DIVORO),		RTH	9. AGE (In year last hirthday)	s If Under Months	Days Hours Min.
n sho	1C worl	done during most	CUPAT	ION (Give kind of life, even if retires	of 109. KINI		ESS OR INDUSTRY	11. BIRTHPUAC	E (State or fore	eign country)	12.	CITIZEN OF
ath c	13	FATHER'S	NAME	0 4	7			14. MOTHER'S	MAIDEN NA	/E		
ING form f dea	15	. WAS DECEASE	A CL	el I	LUNE ED FORCES?	1 16. SOCIA	N.	1220	na!	4		1 00
BINDING of inform uses of dea	(Ye	s, no or unknown)	(If ye	s, give war or dat	tes of service)		RITY NO.	Mus . C	rther	Leune	26/50	Togola
E E E	H	18. 153	X	1	10.70		CAUSE	OF DEATH		_		NTERVAL BETWEEN
VED FOR Every iten			LEAD	CONDITION NG TO DEA	TH		Cua	einma	1, sie	moril		
Ever Write		heart failu	re, asthe	enia, etc. It me	ans the diseas	se,	>		1	•••••••••••		************************************
06			ANTEC	EDENT CAU	SES				-		5	
RES IN olea	TION			ONDITIONS, VE CAUSE (A		NG	······		***************************************	**************************		***************************************
EGIN DING	CAJ			ONDITION L			•••••			••••••••••		
MARGIN NFADINO nysicians:	TIF	omuno e		11		Promise in						
MARGIN UNFADING Physicians:	CER	TRIBUTING	TO TH	CANT COND E DEATH, BUT OR CONDITID	NOT RELAT	ED				4444.44. 44. 144.		
н.	L	19A. DATE C	OF OPE	RATION	198. MAJOR	FINDINGS	OF OPER	RATION	- COT			20. AUTOPSY?
Y, WITH important.	DICA			AS UNDER-		ACE OF INJI	URY do. g., i	n or 21c. WHERI	E DID (If	in Baltimore C	ity, give e	YES NO L
Y, mpo	MEI	CAUSE OF	DEATH	RIBUTING				_				
Ily i		OF INJURY	(Month)	(Day) (Year		WHILE AT	NOT WHILE		YAULNI DIC	OCCUR7		
PL/ ecia]		22. I hereb	u certi	fy that I at	tended the	deceased f	rom 4	4/50 19	, to/_	3/1	9 5 -th	at I last saw the
E PL especie		deceased a	ive on	1/31	_, 19.53.	and that d	eath occur	rred at//P.			m the do	te stated above
ge IS		23. SIGNA	fo.	mst	in		M. D.	OY E. D	Lelle 3	*	23	DATE SIGNED
SE ag	Z4 Ti	AA. BURIAL, ON, REMOVAL (S	REMA-	24B. DATE	53	24C. NAME		RY OR CREMATO	7/1001	CATION (City, t	own, or co	unty) (State)
PLEASE correct a	D	ATE RECEIVE	D BY	REGISTRAF	'S SIGNATI	JRE .	1	28 FUNERAL L	DIRECTOR	MARINE,	ADI	DRESS
F 8	1	CAL REGIST	KAR.	Thurte	rylon /	ligates	3 9	Hol her	inson	1200-	1128	-26W.
		VS 150					45	073		/	Vott	to line

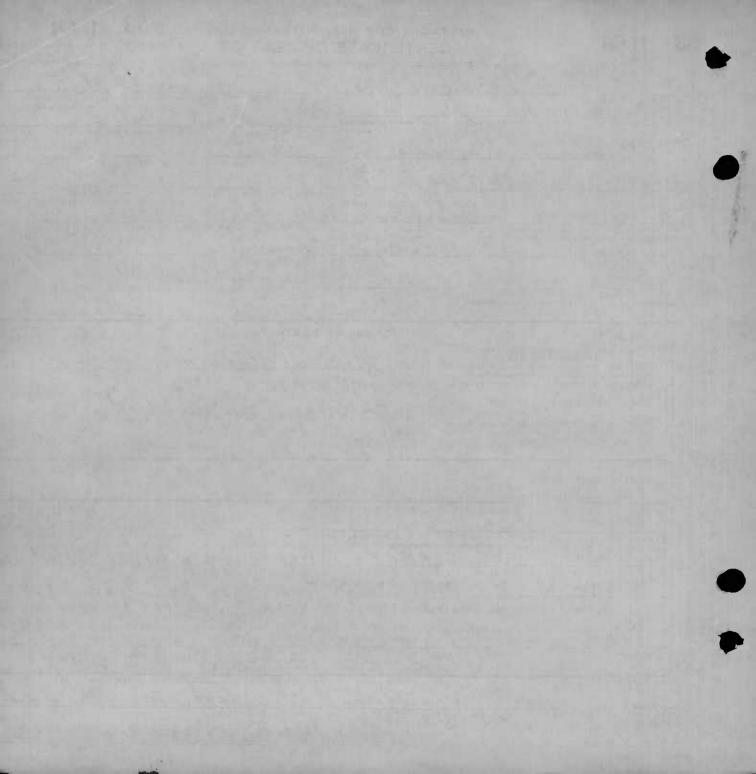


V S 151



XP	7	360			X	
9	1	CEF		ALTH DEPARTMENT E OF DEATH	Registered N	3 1065
c ully supplied. The legibly.	1.	NAME OF DECEASED () NAME OF Print)	E. Pre	d der-	OF DEATH OF .	30-19-3
	Α.	PLACE OF DEATH: Baltimore City, Maryland Opl	6	4. USUAL RESIDENCE (W		institution: residence before admission)
	H	FULL NAME OF (If not in hospital of institution, give positive of the structure of the stru		c. CITY OR TOWN (If	outside corporate limits	s, write RURAL and give township)
	300	Length of stay in Baltimore Fiflow para	50 Yrs. Mos. Bays	no foint	rural eige ocation	Howard
should be	2	nale whele	ORCED (Specify)	8-11-83	9. AGE (In years II last birthday) Mor	Under 1 Year Under 24 Hours nths Days Hours Min.
9	work	A. USUAL OCCUPATION (Give kind of dono during most of working life, even if retired) DARBER TONSUR	INDUSTRY	11. BIRTHPLACE (State or fo	1	12. CITIZEN OF WHAT COUNTRY?
VDING information s of death cl	13	. FATHER'S NAME CHARIES				
BINDING of inform uses of dea		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT HOPKIN	IS HOSPITAL AD	DDRESS	
em ca		18. 4 22. / I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
E CT		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	(A) Car	diac failure		2 4 mo
05	7	ANTECEDENT CAUSES	arks	ir -scleresis	+	3 10 sean
RESEIG INK.	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUNDERLYING CONDITION LAST.	UE TO CON PO	elmonelq_		?/05ean
MARGIN F UNFADING Physicians: p	RTIFIC	11 OTHER SIGNIFICANT CONDITIONS CON-	1)	ingene -		
	CEF	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT	HYPOT	ation presen	imi	20. AUTOPSY?
WITH rtant.	DICAL	21a. ACCIDENT WAS UNDER- 21B. PLACE OF	INJURY (e.g., ir	or 21c. WHERE DID (I	f in Baltimore City, g	YES NO
Y, WITH	MED	CAUSE OF DEATH	ory,street,office bldg.,e		COCCUP?	
II'V		OF INJURY WHILE AT M. WORK	NOT WHILE	The risk size in solution	CCCONT	
E PL		22. I hereby certify that I attended the decea deceased alive on 1 3, 19 2, and the	sed from 1- hat death occur	red at 9 45 m., from to		, that I last saw the e date stated above.
52.52 52.52		23A. S. GNATURE Marchard N Seels	M. O. 2	3B. ADDRESS HOPKINS H	OSPITAL	23c. DATE SIGNED
田 %	TI	BURIAL, CHEMA- DA REMOVAL (Specify)	AME OF CEMETE	alway 240 L	CATION (City, town,	or county) / (State)
PLEAS correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE B 1052	DIAN R	25. FUNERAL DIRECTOR	Zweles L	Address Mil
		VS 150	74	085	, ,	

Carles on the comment of To design the second second second The st



77	5	3 1067 BALTIMORE CITY HEAL CERTIFICATE O	TH DEPARTMENT OF DEATH Regist	53 1067
information should be caully supplied. To death clearly and legibly.	B	1. NAME OF DECEASED VIII (Type or Print)	Pa Date OF	Jan. 20 1053
	A. B.	A. Baltimore City, Maryland 3502 Collection Circ. B. FULL NAME OF (If not in hospital or institution, give street address or	USUAL RESIDENCE (Where deceased STATE B. COLD	
		Dr. Tetterloff Marsing Home	CITY OR TOWN (If outside corpore STREET ADDRESS, (If rural, give loca	ate limits write CURAL and give township
		E. Length of stay in Baltimore Mos. Days 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. I	DATE OF BIRTH 9. AGE (In y last birth	Treal Winder Year H Under 24 Hours lay) Months; Days Hours Min.
	10 worl	Temale White Single (BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	13	3. FATHER'S NAME 14.	MOTHER'S MAIDEN NAME	
BINDIN of infor	15 (Ye	(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (1f yes, give war or dates of service)	INFORMANT W. James Todd Los	Low Mary and
E al		18. 422.1 CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	diac decomp	INTERVAL BETWEET ONSET AND DEATH
RESERVED FOI INK. Every ite please write the		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	iosclerotic cars	
MARGIN UNFADING Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	scular diseas	e Gym
HH	AL CE		ON	20. AUTOPSY?
ASE WEE PLACE, WITH	MEDIC/		INJURY OCCUR?	City, give exact location)
		21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?	63
		deceased alive on 29, 1953, and that death occurred	at 3 2 pm., from the causes an	d on the date stated above
		24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY O	DR CREMATORY 24D. LOCATION (Cit	y, town, occounty) (State)
PLEASE correct ag		DATE RECEIVED BY REGISTRAR'S SIGNATURE 25.	EUNERAL DIRECTOR	STRE HALLS
		VS 150		The

41-2607

17		525					700	*		
*		53 106	8			E OF DEATH		Registere	3 No. 10	68
legibly.	(Ту	pe or Print	IC (CO	berte	Johnson			OF DEATH	31	17.3
	A.]	Baltimore City,	Maryland	al or institution,	give street address or		-2	B. COUNTY	al	before admission)
		SPITAL OR STITUTION	Hospi	las	location)	Anna	soli	520	0	RURAL and give township)
	-	Length of stay			34 Days	D. STREET ADDRES	3	al, give location		
should b arly and		1-	OLOR OR RACE	Sing	DIVORCED (Specify)	0-16-19	26	26		ays Hours Min.
	work	done during most of work	ing life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTRY	201-	i Bul	timore m		TIZEN OF
information s of death cle		FATHER'S NAME	son &	ohuso	~	14 MOTHER'S MAIL	DEN NAMI	lerois	~	
of infuses of	(Yes)	WAS DECEASED EV	ER IN U. S. ARMEN	of service)	SECURITY NO.	17. INFORMANT	Joh	nson	ADDRES	applying
y item		DISEASE O LEA (This does not heart failure, as	R CONDITION ADING TO DEA' mean the mode of thenia, etc. It mes plication which	TH of dying, e.g., ons the disease,	(A) Pu	OF DEATH Omona	y E	elem		SET AND DEATH
K. Even	7		ECEDENT CAUS		St/	upto coe	Var.	ما رو	ptic	emia
JING INK	FICATIO	RISE TO THE A	CONDITIONS, 1 BOVE CAUSE (A) CONDITION LA	STATING THE	C) Bu	m ng	CATION	APPROVE	€ BY	
MAKGIN UNFADING Physicians:	CERTIF	TRIBUTING TO	II FICANT CONDI THE DEATH, BUT E OR CONDITION	NOT RELATED		- (RUF.	ishe	M.O.	9,00
₩.1	CAL	19A. DATE OF O	13		NDINGS OF OPER	12 LX	50	Baltimore Ci	Y	O. AUTOPSY?
E PLAL Y, especially impor	MEDI	21A. ACCIDENT LYING OR CO CAUSE OF DEA		about home, farty,	factory, street, office bldg.,	oto.) INJUNY OCCUR	200	Cunay	oli	md.
		about	11/31/52	m. WHIL	E AT NOT WHILE	X Plyane	u t	hi gh	'on	stone
		deceased alive	on Jan	tended the dec	ceased from 1 that death occur	rred at 2 m., j	1	1	n the date	I last saw the stated above.
E Win		23A. SIGNATURE	Town		Cum. D.	RX OR CREMATORY	D _ Loca	ATAON (City, to		DATE SIGNED
PLEASE correct ag	0	A. BURIAL CREM N. REMOVAL Specif TE RECEIVED BY	12-3-1	953 3 S SIGNATURE	rold	25. FÜNERAL DIRE	Dei	dno	U_ADDR	ma.
PL	LO	CAL REGISTRAR	Turki	glong //	lisques 1/2	Quelism ?	Leese	-,11-109	32/2/	ashingtons
- 15		VS 150	45.5		4 9 1 1 2	ungapet	is, 7	nd.		

2 . 1 .

VS 150

20. AUTOPSY NO (If in Baltimore City, give exact location) 1923 that I last saw the Im., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) ADDRESS

before admission)

12, CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PLEASE

(If in Baltimore City, give exact location) 19d that I last saw the m., from the causes and on the date stated above. 23CADATE SIGNED 5/2 2 24D/LOCATION (City town, or county) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR LOCAL REGISTRAR

before admission)

It Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

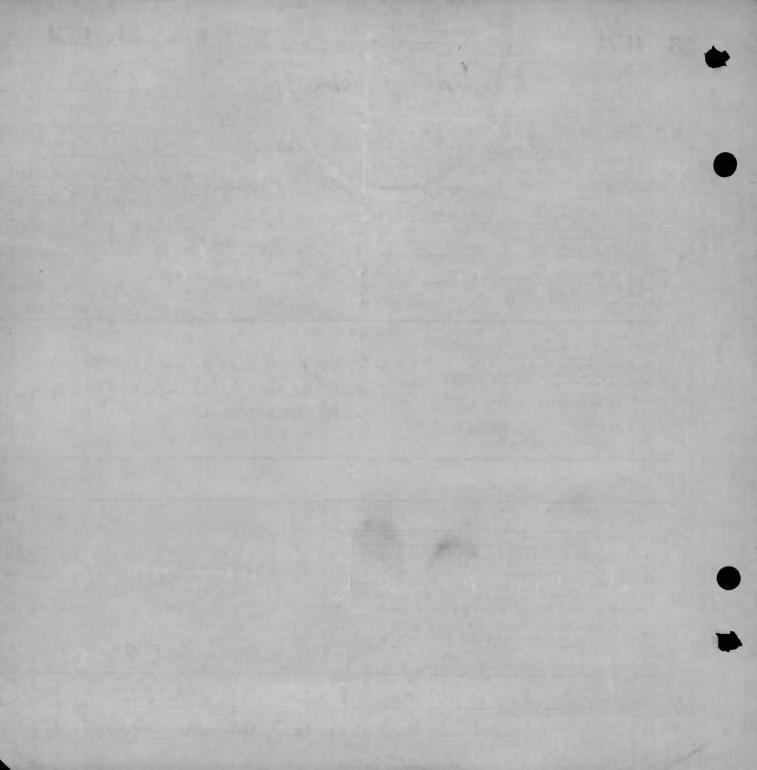
ONSET AND DEATH

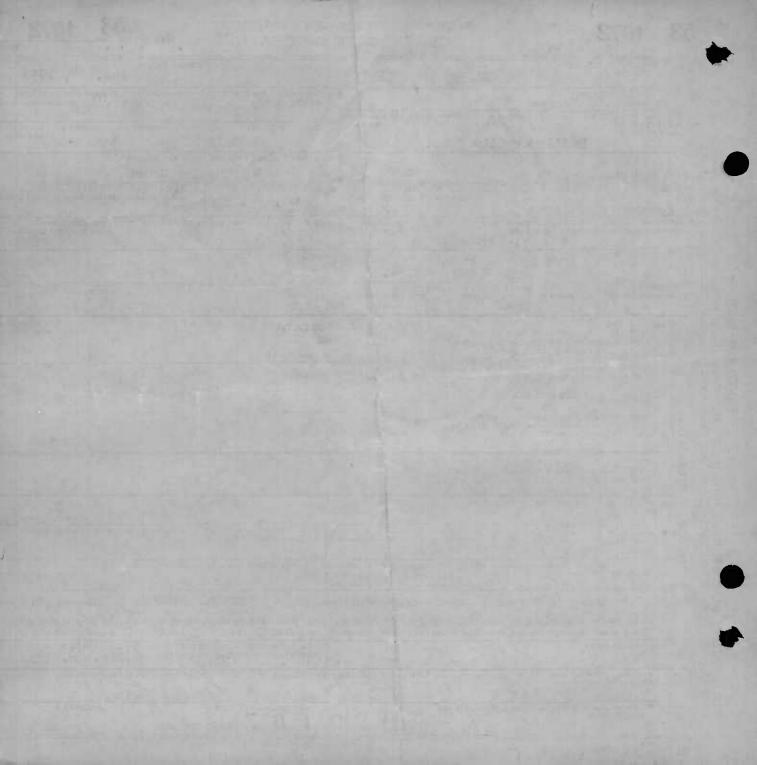
20. AUTOPSY

12. CITIZEN OF

wedler that be booking to the state of the s 4215 PK 140 9 8. 4.

Registered No 1071 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE NAME OF DECEASED OF (Type or Print) - RVINO DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: before admission) B. COUNTY A. STATE A. Baltimore City, Maryland df not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give location) HOSPITAL OR C. CITO DR TOWN INSTITUTION legibly. Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore If Under 24 Hours 7. SINGLE, MARRIED AGE (In years If Under 1 Year If Under 24 Hours Inches Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX WIDOWED, DIVORCED (Smeify) naurie pluods 108. KIND OF BUSINESS OR 10A. DEUAL OCCUPATION (Give kind of FIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) Salesman information s 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS' SECURITY NO. (Yes, no or unknown) of i INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Ever RESERVED injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES important. DICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH. Ш 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT AT WORK especially WORK thereon and from 22. I certify that I took charge of the remains described above, held an -PL Autopsy, Inspection or Inquiry, find that said deceased fied on the day stated above [-] and death in my opinion resulted from: natural causes M, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 2 23B. CHIEF MEDICAL EXAMINER 23A, SIGNATURE ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county)-G 24C. MAME OF CEMETERY OR CREMATORY BURIAL, CREMA-REMOVAL (Specify) 24B, DATE ADDRESS 28. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR V S 151





supplied.

ld be and 1

information should sof death clearly as

of

BINDING

RESERVED

MARGIN

WITH

ecially

esp

23

correct

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED OF DEATH January 30, 1953 MICHAEL SCHULDSEN 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN e carefully legibly. Johns Hopkins Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1038 N. Gay St. c. Length of stay in Baltimore Days AGE (In years If Under I Year I Under 24 Hours I Hours Min. 6 COLOR OF RACE SHOLE, MARKIED, WIDOWED, PIVORCED 8. DATE OF BIRTH idow March 7 White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of INDUSTRY WHAT COUNTRY work donedusing most of working life, even if retired) armane 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 2 AGDESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17-HYFORMANT (If yes, give war or dates of service) SECURITY NO (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH SE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxia due to hanging (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p RTIFI H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. 10 38 UTING CAUSE OF DEATH. om 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT nanged WORK 22. I certify that I took charge of the remains described above, held an inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [accident [, suicide [] , homicide [] , undetermined [MEDICAL EXAMINER ... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER age Jan. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town, or county) 248 DATE 24A. BURIAL, CREMA TION REMOVAL (SP 0 Bureas

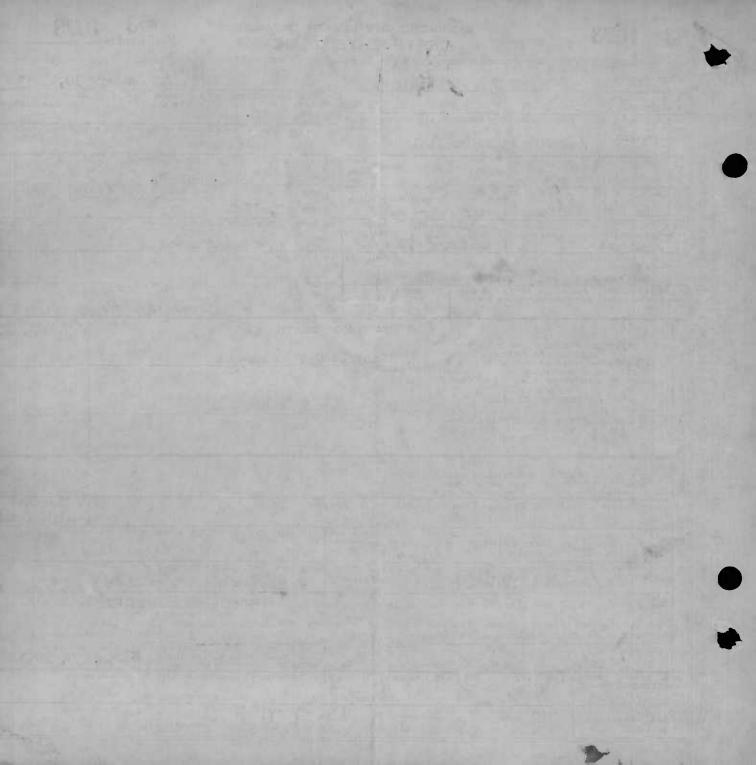
REGISTRAR'S SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

25

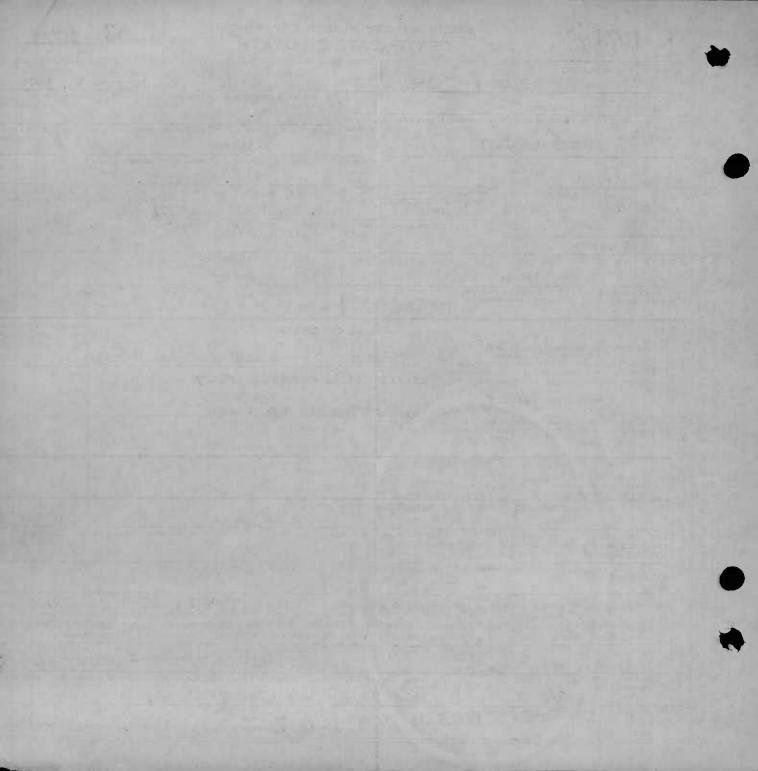
FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE NAME OF DECEASED (Type or Print) OF PEARL CARL DEATH January supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland A. STATE B. COUNTY Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location) legibly Yrs. Mos. 922 N. Calver St. c. Length of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year and last bir hday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female White should 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) North Carolina waitress information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Tipton Dollie Lowery BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO Kenneth Tipton, 922 N. Calvert Street em of in INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Rupture of congenital aneurysm of right (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED xxxxxx middle cerebral artery injury or complication which caused death.) ANTECEDENT CAUSES , Subarachnoid hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: (C) MARGIN RTIFI ш OTHER SIGNIFICANT CONDITIONS CON-INF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X CA important 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK especially WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\supremptile \), homicide \(\supremptile \), undetermined \(\supremptile \) IS. 23A SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER age January 30, MEDICAL INVESTIGATOR PLEASE 149 NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) BURIAL CREMA-248. DAVE correct TION, REMOVAL (Specify) humis Raltimore Cemetery Paltimor Marriani DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 EAR DW

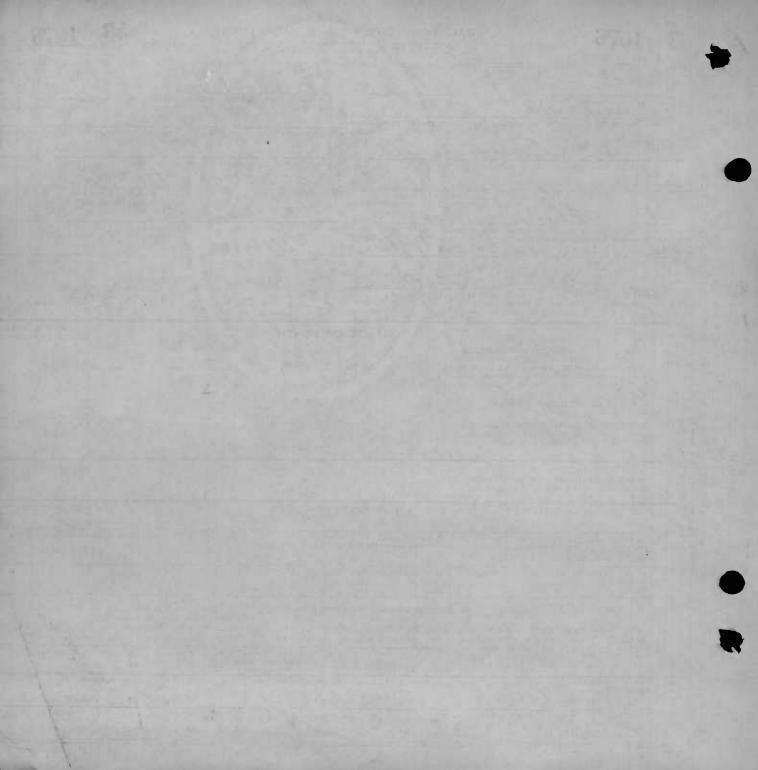
V S 151

St. Paul Street



<	1-	-363	4	
			HEALTH DEPARTMENT	53 1075
4		RTH NO. CERTIFICAT	TE OF DEATH Regis	stered No. 1073
		NAME OF DECEASED ype or Print)	2. DATE OF	2/1/-
refully supplied.	ì	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased	lived If institution; residence
ddn	A.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	A. STATE B. COL	
δ2 Σ2	H	OSPITAL OR location	\ \	rate limits, write RURAL and give
ly.		1516 Mt. Royal ave	Homestea	township)
care	0	Yrs. Mos.	30 11 Q- t-	ation)
be ld le		Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SHNGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in	
on should be careful	1	Mala Whitz Widowed	Vau 20 2000 66	nday) Months Days Hours Min.
sho	10 work	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR dopeduring most of porking life, even if retired)	11. BIRTHPLACE State or foreign country	12. CITIZEN OF WHAT COUNTRY?
ion cle	(3	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	a.
NG rmati death		Maila T Stratter	14. MOTHER'S MAIDEN NAME	
IDING information of death cle	15 (V~	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 15. no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	(1) APPRESS 0 - T
BINDING of inform uses of dea	(10	(Il yes, give war or dates of service) SECURITY NO.	Hugh T. Straton Bu	Hen Pa.
C 60		18. 420.1 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
FOR y iten		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	man Carlina	Con de
Ever.		(This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO	a constant	
2		ANTECEDENT CAUSES	11 0 0 8)
RESE INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	Lo - Fascular Oriens	
G I	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN NFADINC hysicians:	FIC	(C)		***************************************
[AR] FA]	RTI	OTHER SIGNIFICANT CONDITIONS CON.	1: - (11	
MARGIN UNFADING Physicians:	CE	TO THE DISEASE OR CONDITION CAUSING IT.	head astformer	
ht	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
X, WITH	DIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g. LYINGT) OR CONTRIBUTING about bome, farm, factory, street, office bidg	in or 21c. WHERE DID (If in Baltimor	re City, give exact location)
"X,	MEI	CAUSE OF DEATH		
2		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY WHILE AT NOT WHIL		
oL.A.		m. work AT work		
E PI		22. I hereby certify that I attended the deceased from deceased alive on 1, 1953, and that death occur		, 191that I last saw the nd on the date stated above.
IS		23A. SIGNATURE	23B. ADDRESS	239 DATE SIGNED
E W	24	A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMET	ERY OR GREMATORY 240. LOCATION (C)	ity, town, or county) (State)
PLEASE correct ag		REMOVAL (Specify) 2/2/53	unal Pittste	rich Pa.
LE,		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
H S		FEB Z 1951 1-1-9-5/3-0 0	DUF ON PHE 1217 S	t. Saul J.
		vs 150	3A	

17-		63			50	RECEINING TO
1	53	1070	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No_	1076
Ē	1.	NAME OF DECEASED PRA	NTLEY E	ROBERTS	2. DATE OF DEATH	1/53
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or insti		4. USUAL RESIDENCE (What A. STATE	ere deceased lived. If insti	tution: residence before admission
	H	STITUTION 1/33 9/4410	location)		utside eorporate limits, wr	rite RURAL and giv. township
carefully legibly.	0	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ru	ral, give location)	UE
be 1	1	SEX 6. COLOR OR RACE 7. SIN	OWED, DIVORGED (Sparty)		9. AGE (In years Is Under last birthday) Months	Days Hours Min.
shoul		A. USUAL OCCUPATION (Give kind of done during most of wording life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	S, Carolina	CITIZEN OF WHAT COUNTRY
ation th cl	118	FATHER'S NAME	Peret	14. MOTHER'S MAIDEN NAM	Duna.	
BINDING of information uses of death cle		. WAS DECEASED EVER IN U. S. ARMED FORCES s, no or unknown) (If yes, give war or dates of cervice)		17. INFORMANT Palbo	# Calvery	1834. afit.
FOR BI y item of the cause		18. 420. I DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the diinjury or complication which caused do	e.g., (A)	OF DEATH ON ARY ARTE HROMBOSIS	=RY	INTERVAL SETWEE ONSET AND DEAT
RESEI INK. please	ATION	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	IVING THE DUE TO			
MARGIN UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
hyd	0		OR FINDINGS OF OPER	RATION		YES NO
LY, WITH	EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (e. g., ome, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
INLY imp	M	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				
TE PLA especial		22. I certify that I took charge of t the evidence obtained by said A and death in my opinion resulte	utonsu Inspection or	Inquiry, find that said dec	nspection or Inquiry ceased died on the d	hercon and from lay stated above etermined .
WRI se is		23A. SIGNATURE	0-	23B. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL EXAMPLE ALL. MEDICAL INVESTIGATOR	XAMINER 23C. E	ATE SIGNED
PLEASE W		AA. BURIAL CREMA 24B. DATE 2/3/5-3	24c. NAME OF CEMETE	livet	Balto. 7	eounty) (State)
PL		ATE RECEIVED BY REGISTRAR'S SIGN.	S 5 3, 0	25 FUNERAL DIRECTOR	1217 St. Paus	elst.
		S 151	4901	60		2/



carefully supplied.

legibly.

on should be clearly and le

information s of death cle

causes of

UNFADING Physicians: p

important. EDICA

ERTIFI

Ü

(Yes, no or unknown)
unknown

1.20.0

BINDING

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1 Oryry Re

00	LU	6	1
gistered	No		
	/		

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Dr. Charles A. Goettling	2. DATE 1/30/53 DEATH
a. Baltimore City, Maryland Baltimore , Md.	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. SMIddle burg Va. B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address hospital or institution Bon Secours Hospital	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (in years of Under I Year li Under 24 Hours Min Last birthday) Months Days Hours Min

male	White	WIDOW	Marri
10A. USUAL work done during m	OCCUPATION (Give kind of cost of working life, even if retired) Physician	108, KIND	OF BUSINE

13. FATHER'S NAME Charles Goettling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

16. SOCIAL

SECURITY NO.

SS OR

NDUSTRY

14. MOTHER'S MAIDEN NAME Annie Creamer

Maryland

17. INFORMANT

11. BIRTHPLACE (State or foreign country)

ADDRESS Middleburg Mrs. Lucy Goettling INTERVAL BETWEEN

neart 1	amu	re, asthenia, e complication	cc. It me	eans the	uise
mjury	OF	complication	which	causeu	dea
		ANTECEDEN	IT CAL	ISES	

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

CAUSE OF DEATH

AUTOPS (If in Baltimore City, give exact location)

2.m., from the causes and on the date stated above.

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

1-30

1952 to_

25. FUNERAL DIRECTOR

, 19 Sthat I last saw the

23c. DATE SIGNED

12. CITIZEN OF

WHATTEOUNTR

ONSET AND DEATH

L	YII	VG[0		NTF	RIBUT	
~	1-	TIL	4.5	(Man	444	/Day	-

19A. DATE OF OPERATION

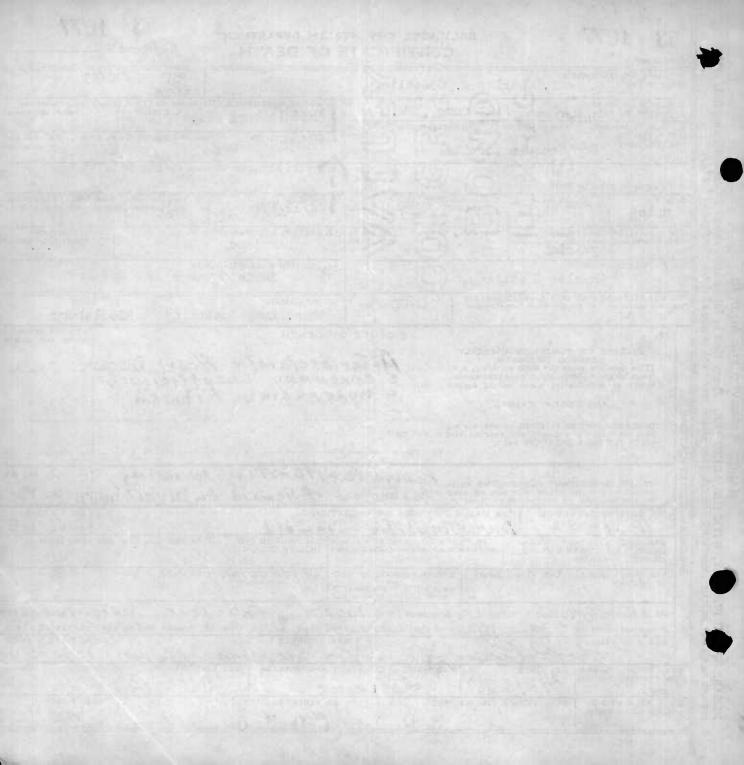
218, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NG (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 10-27

1953 and that death occurred at deceased alive on 1-30 23A. SIGNATURE 44 NAME OF CEMETERY OF CREMATOR 248. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY SIGNATURE LOCAL REGISTRAR

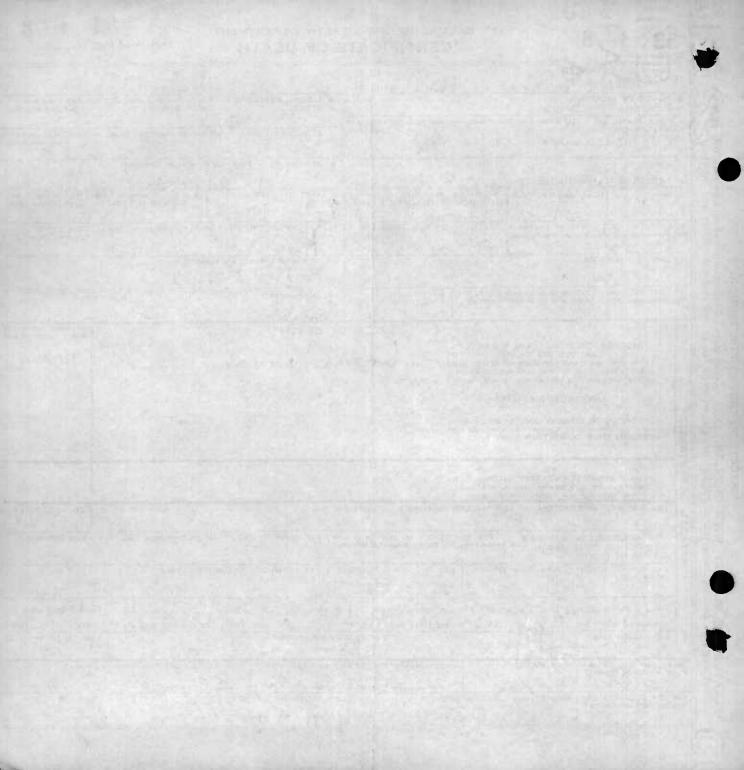
24D. LOCATION (City, town, or county



	-0 107Q	BALTIMORE CITY HI			1078
DII	53 1078 RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED ype or Print) Mackey	zie Moblisabeth	A.	2. DATE OF DEATH	-53
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution : residen before admis
HO	SPITAL OR A	al or institution, give street address or location)		outside corporate limits, v	urita RIIRAI, an
INS	STITUTION Church Home	A Hospital	Baltimo-e	7-0	town
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, kive location	28
X	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8-27-1900	9. AGE (in years last birthday) Month	der I Year If Under 2 hs Days Hours
rork	USUAL OCCUPATION (Give kind of one during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUN
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
15	WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL	The levilar	4 C.	
(Y 00,	, no or unknown) (If yee, give war or date	security No.	17. INFORMANT	MANU VA	RESS
1	18. 33/4	CAUSE	OF DEATH	7.01.500	INTERVAL BET
	DISEASE OR CONDITION	DIRECTLY ! !	0 10		ONSET AND D
	(This does not mean the mode of	of dving, e.g., (A) levely	al Kemsutia	A Q	10 da
	heart failure, asthenia, etc. It mea injury or complication which of	ns the disease,	The state of the s	Y	
_	ANTECEDENT CAUS				
ó	DISEASES OR CONDITIONS, I			***************************************	•
F	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA				
U		(C)		***************************************	
=	II .		AND RESIDENCE OF THE PERSON NAMED IN COLUMN 1		
- 1					
CC	OTHER SIGNIFICANT CONDI				
CC	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT.	MATION		
L CER	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	RATION	4 - 194	20. AUTOPS
DICAL CER	OTHER SIGNIFICANT CONDITRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	NOT RELATED CAUSING IT.	in or 21c. WHERE DID (II	f in Baltimore City, give	YES N
DICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDER-	POT RELATED I CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg	in or 21c. WHERE DID (II		YES N
DICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	POT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	in or 21c. WHERE DID (If INJURY OCCUR?		YES N
DICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY	POT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	OCCUR?	YES Ne exact location
品	OTHER SIGNIFICANT CONDITRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY	POT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from	in or 21c. WHERE DID (If INJURY OCCUR? 21f. HOW DID INJURY	OCCUR?	yes Ne exact location
DICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 13	PACT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 19 3. and that death occur.	in or 21c. WHERE DID (If etc.) INJURY OCCUR? 21f. HOW DID INJURY 19 57 to	occuri 1953 to see causes and on the	ves Ne exact location
DICAL CER	OTHER SIGNIFICANT CONDITRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY	PACT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 19 3. and that death occur.	in or 21c. WHERE DID (If INJURY OCCUR? 21f. HOW DID INJURY	occuri 1953 to see causes and on the	yes Ne exact location
MEDICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) CAUSE OF INJURY 22. I hereby certify that I att deceased alive on 21A. SIGNATURE	POT RELATED 1 CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 1 19 3. and that death occur. M. D.	in or 21c. WHERE DID (If etc.) INJURY OCCUR? 21f. HOW DID INJURY 19 57 to	occuri 1953 to the causes and on the	that I last saidate stated a
MEDICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 10A. CONTRIBUTING 10A. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) 21D. TIME (Month) (Day) (Year) 21D. TIME (Month) (Day) (Year) 22A. SIGNATURE 24B. DATE A. BURIAL, CREMA- N. REMOVAL (Specify) 24B. DATE 24B. DATE	POT RELATED 1 CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 1 19 3. and that death occur. M. D.	in or 21c. WHERE DID (III) otc.) INJURY OCCUR? EED 21f. HOW DID INJURY	occur? 1953 to the causes and on the occurrence of the occurrence of the causes and on the occurrence of the causes and occurrence of the causes of the causes and occurrence of the	that I last sandate stated and state of the
MEDICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 21A. SIGNITURE 24B. DATE N. REMOVAL (Specify) 34B. DATE N. REMOVAL (Specify) 34B. DATE ALE RECEIVED BY REGISTRAR	POT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg.) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 1, 19 3. and that death occur M. D. 24C. NAME OF CEMETE 3 Ballinger 3	in or 21c. WHERE DID (III) (II	occur? 1953 to the causes and on the occurrence of the occurrence of the causes and on the occurrence of the causes and occurrence of the causes of the causes and occurrence of the	that I last saidate stated a
MEDICAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 23. SIGNITURE A. BURIAL, CREMA- 24B. DATE N. REMOVAL (Specify) 3. J. J. TE RECEIVED BY REGISTRAR	POT RELATED 1 CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 1 19 3. and that death occur. M. D.	in or 21c. WHERE DID (III) otc.) INJURY OCCUR? EED 21f. HOW DID INJURY	occur? 1953 to the causes and on the occurrence of the occurrence of the causes and on the occurrence of the causes and occurrence of the causes of the causes and occurrence of the	that I last sandate stated and state of the

53

1078



before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

DNSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

township)

A PARTY OF THE PAR is the west of

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) Florence Adalaide Valentin OF DEATH January 30,1953 carefully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland Baltimore B. COUNTY A. STATE Md. B. FULL NAME OF (If not in hospital or institution, give street address or A.A.Ct. HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4017 The Alameda Blvd. Lake Shore Yrs. D. STREET ADDRESS (If rural, give location) Mog Life c. Length of stay in Baltimore A.A.Co. Days information should be of death clearly and I 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Female White Married Sept. 23.1892 60vrs 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired)
HOUSEWIIE INDUSTRY Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Lehnert Caroline Alt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. none none Dorothy Harman 4017 The Alameda Blv item CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Myseardish LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL important. 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK 1953 that I last saw the 19b, to 1 22. I hereby certify that Lattended the deceased from and that death occurred at 10:15 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE PLEASE Burial Feb. 2 .1953 Glen Haven DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR SCHWEINSBERG FUNERAL SERVICE Cross St. Balto. 30 Md. VS 150

before admission)

12. CITIZEN OF

WHAT COUNTRY?

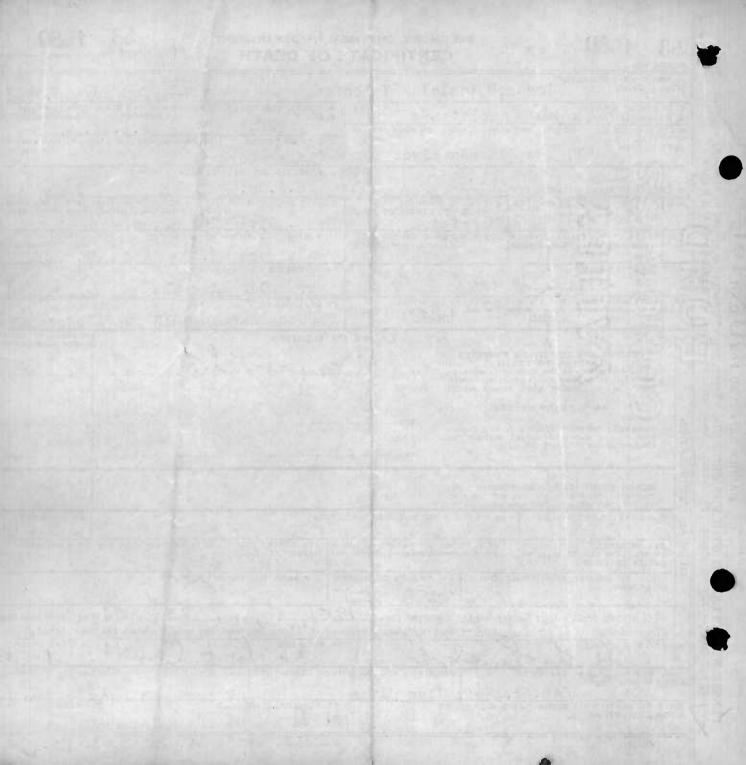
INTERVAL BETWEEN

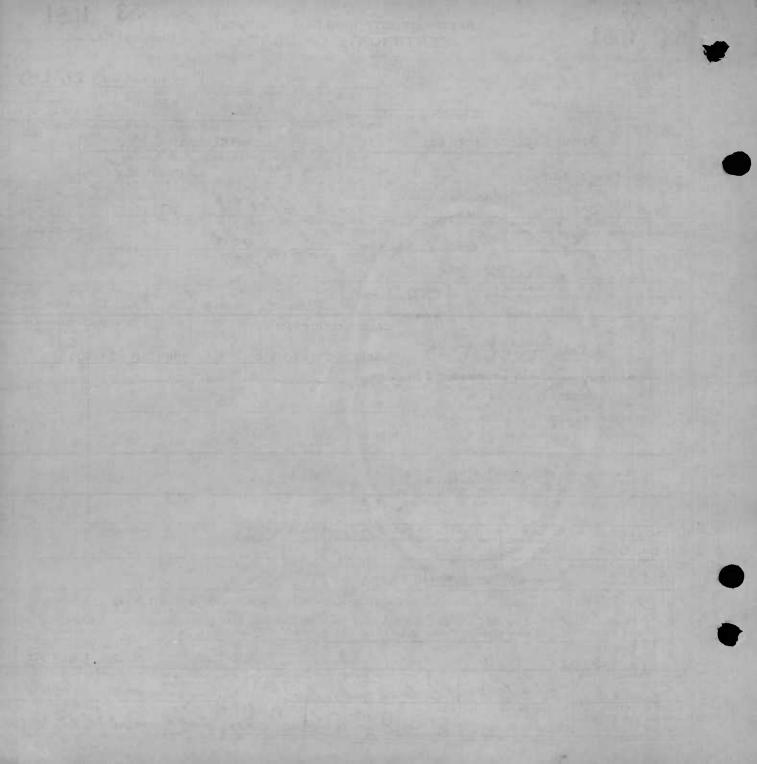
ONSET AND DEATH

20. AUTOPSY

NO

YES





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) carefully supplied DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION UNDEL legibly. (If rural, give location Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Wid owed Feb. 28, 1887 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or uaknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or uaknown) SECURITY NO. Alma Larrimore (Matron) A.A.Co. Home INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PARCINOMA-OF- URINARY BLAGOER LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. CERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY BLADDER INOMA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! , 195 2-to / FE B. , 19 53 that I last saw the 22. I hereby certify that I attended the deceased from 140 cc. 1953, and that death occurred at 3:55 cm., from the causes and on the date stated above. deceased alive on IFC B 234 SIGNATURE 24A. BURIAL, CREMA TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATOR 24b. LOCATION (City, town, or county) (State) DATE RECEIVED BY SIGNATURE LOCAL REGISTRAR VS 150

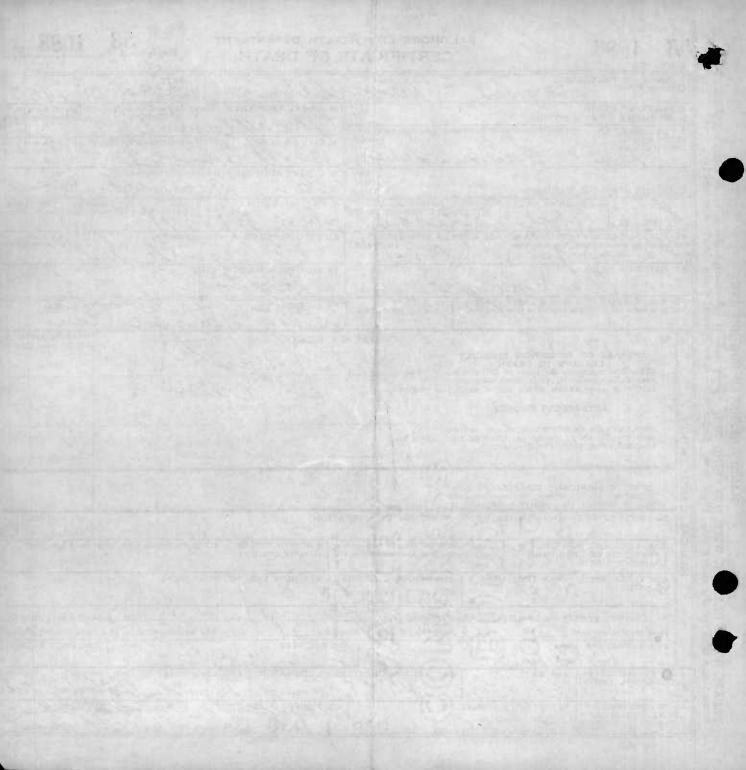
months are amounted in the series and

1	5	1	4	
	53	1	083	
	BIDTH	NO		

BALTIMORE CITY HEALTH DEPARTMENT

200	
53	1083
UU	1 1 11 2 3 3

	CBIE	1083 RTH NO.	CERTIFICAT	E OF DEATH	Register	ed No
	1.	NAME OF DECEASED pe or Print)	Cama	hell	2. DATE OF DEATH AS	w. 31 1953
		PLACE OF DEATH: Baltimore City, Maryland	0	A. STATE		ed. If institution : residence
	но	FULL NAME OF (If not in hospital or instit SPITAL OR STITUTION	ution, give street address or location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
	11	1328 Fairm	our live,	D. STREET ADDRES	S (If rural, give location	114
0) c.	Length of stay in Baltimore	Mos. Days	5209	Dennu	(.)
	5. 9	emale Color or RACE 7. SING	LE MARRIED. WED, DIVERCED (Specify)	d. DATE OF BURTH	9. AGE (in year last birthday	rs II Under I Year II Under 24 Rours) Months Days Hours Min.
		M. USUAL OCCUPATION (Give kind of 10B. KINd of 10B. KINd of source with the control of working life, eyen if retired)	OF BUSINESS OF INDUSTRY	III. BIRTHPLACE (St	exe or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	. /	14. MOTHER'S MAIL	DEN NAME	
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	I6. SOCIAL	mai	ina.	
	(Yes,	no or nnknown) (If yes, give war or dates of service)	SECURITY NO.	502.19	Mena 101	, and
The same of the sa	RTIFICATION	DISEASE OR CONDITION DIRECTL' (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	Y . g., (A)		nem 9	INTERVAL BETWEEN ONSET AND DEATH
2	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTROL TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	TED			
• • • • • • • • • • • • • • • • • • • •	CAL		R FINDINGS OF OPER	RATION		20. AUTOPSY?
Thor so	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., ie, farm, factory, street, office bldg.,	n or 21c. WHERE DI etc.) INJURY OCCUR		city, give exact location)
6111	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
		22. I hereby certify that I attended, th		12 ,19),	to_1/3()_,1	19), that I last saw the
100		deceased alive on 1/30, 19 5	and that death occur	rred at m.,	from the causes and	on the date stated above.
24		Werk deether	м. р.	2134 1/2	Ham	1/20-53
Lr ag	24	A. BURIAY, CREMAN 248 BATE P, REMOVAL (Specify) FLA. 2 195	24C. NAME OF CEMETE	AMAS OR CREMATORY	Candal	latour, Mel
1	DA	TE RECEIVED BY REGISTRAR'S SIGNA	TURE	RETUNERAL DE	The Jun	with RESKINE



12	0
ファン	1001
53	1084

53 100A

1 5	53 1084	BALTIMORE CIT		n	1004		
В	IRTH NO.	CERTIFIC	CATE OF DEATH	- Registered	1 NO.		
1. (T	NAME OF DECEASED ELIZAB	oth	SMITH	2. DATE OF DEATH JAN	V 3 1 1953		
Α.	PLACE OF DEATH: Baltimore City, Maryland	mel 1	A. STATE	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)		
H	FULL NAME OF (If not in hospital or OSPITAL OR ISTITUTION JOHNS HOPKINS	institution, give street ad	c. CITY OR TOWN	(If outside corporale Ur	mis, write RURAE and give township)		
7	3	10	Yrs. D. STREET ADDRE	SS (If rural, give location)			
1	Length of stay in Baltimore SEX 6.COLOR OR RACE 7.5	SINGLE, MARKIED.	nays 1803 E	-HING ST.	If Under 1 Year If Under 24 Hours		
1	Semale Colored 7	WIDOWED, DIVORCED	(Specify)	19 12 HO	Months Days Hours Min.		
worl	A. USUAL OCCUPATION (Givekind of losk done during root of working life, even if retired)	KIND OF BUSINESS	OR 11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	B. FATHER'S NAME	0	14. MOTHER'S MA	DEN NAME	0		
-	Leve Cantre	te	Maga	ie Ohel			
(Ye	WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of se	(CES? 16, SOCIAL rvice) SECURITY	NO. 17. INFORMAN	HOPKINS HOSPITA	ADDRESS		
RTIFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart fallure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANT RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	e disease, i death.) DUE TO (A)	Eclampse ruplured	a > 3?	ONSET ANO DEATH		
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED	Þ		,		
1	19A. DATE OF OPERATION 19B. N	MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?		
DICA		18. PLACE OF INJURY			y, give exact location)		
MED	LYING OR CONTRIBUTING about	ut home, farm, factory, street, of					
	21D. TIME (Month) (Day) (Year) (Hot OF INJURY	WHILE AT NO	OT WHILE TWORK	INJURY OCCUR?			
	22. I hereby certify that I attended the deceased from 1-3/- 1953 to /-3/-, 19.53 hat I last saw the						
	deceased alive on 1-3/-, 19	33, and that death	h occurred at 13 Hm.,	from the causes and on	the date stated above.		
	23A. SGNATURE		23B NARSSHOPK		1/3/13		
71	4A. BURIAL, CREMA 124B. DATE ON, REMOVAL (Specify)	33 arkut	W Men. Ph	340. LOCATION (City, tov	W. Md		
	ATE RECEIVED BY REGISTRAR'S SI	GNATURE	25. FUNERAL DIE	tore June	CLAD RESTANCE		

VS 150

5/13/10

VS 150

1085

Jan. 30, 1953

It Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

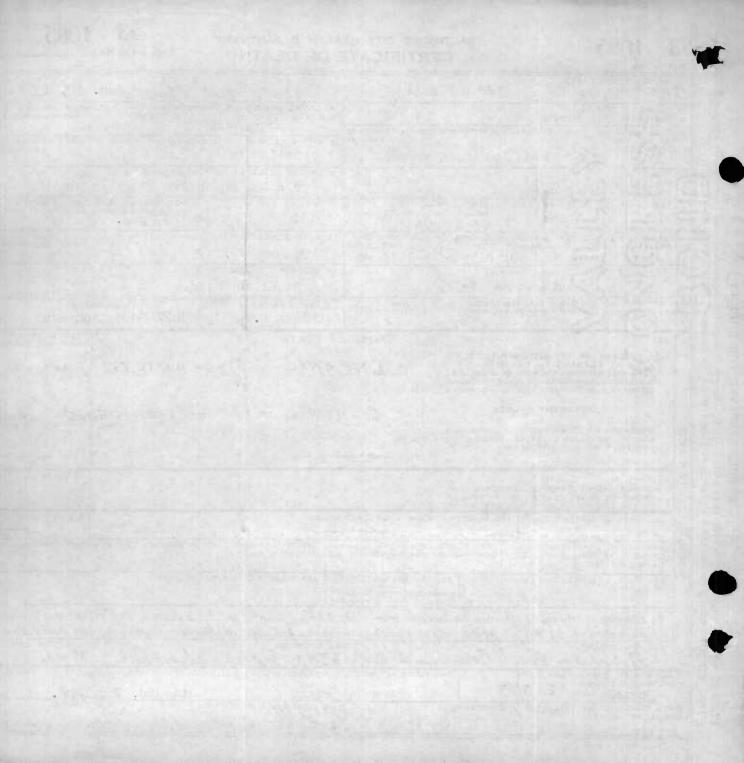
ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

before admission)

township)



MARG	UNFAD	Physician
	Y, WITH	important.
4	7	Ë
	E PL	especia
	E	Sp

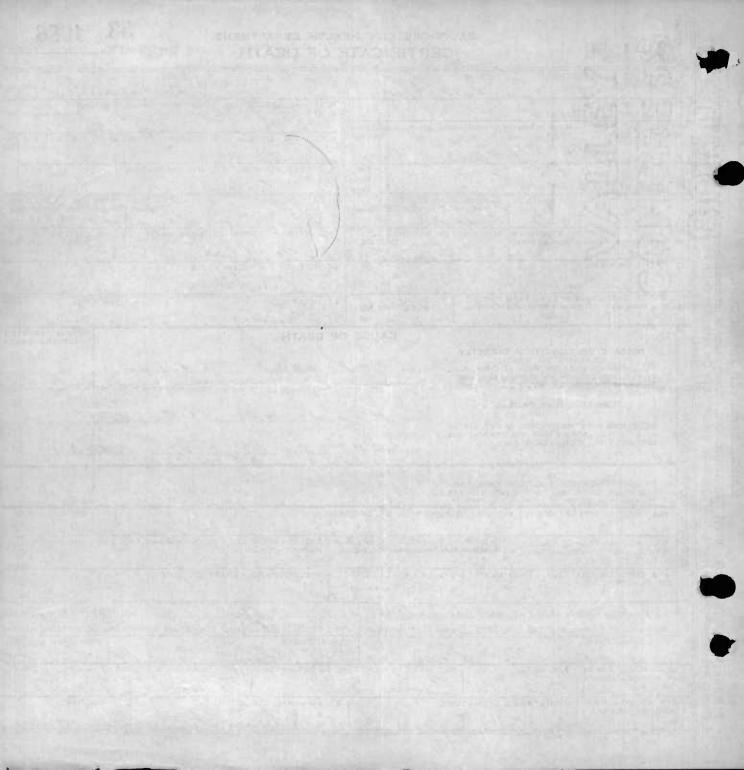
PLEASE F

VS 150

140 53, 1086		MORE CITY		DEATH
1. NAME OF DECEASED	\cap \cap		10	

53
Registered No... 1086

В	RTH NO.						
1. (T	NAME OF D	ECEASED	0-0	. 1	1	2. DATE OF	2. (2.7)
			sther	V / wal		DEATH VK7	maiy 30, 1953
	PLACE OF D Baltimore (City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	If institution: residence (before admission)
	FULL NAME	OF (If not in hosp	ital or institu	tion, give street address or		d anna Que	undel
	STITUTION		2	location)	C. CITY OF TOWN	(If outside corporate li	mits, write RURAL and give township)
_	alone	al Kursing	7 Convo	les ca It Home	Sland de	uno	townsmp)
1/4	1	N		Yrs.	D. STREET ADDRES	55 (If rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	311 anna	Cole 12 lod.	
	SEX	6. COLOR OF RACI	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	
	Male	White	Wide	WED, DIVORCED (Specify)	Sefett. 4, 18	last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kinds of working life, even if retire	of 10B. KIN	D OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF
""	B. x A. 1		Sec. 1	mana (noti)	aq.Co., 9	Mary la V	WHAT COUNTRY?
13	FATHER'S	NAME	10-01	o aman () a y	14. MOTHER'S MAI		101.011.
	11	know			111	0	
15		ED EVER IN U. S. ARM	ED EORCES?	I 16. SOCIAL	Unknow	~~	
(10	, no or unknown)	(If yes, give war or da	tes of service)	SECURITY NO.	17. INFORMANT	00 001	ADDRESS
	No			220-16-4610	wm. Newa	el Her	00 promo, 9/d.
	18. 420	1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				
	(This does	LEADING TO DE, not mean the mode	of dying, e.	E. (A) CO	PONBRY	ThRemboo	ses !
	heart failu	re, asthenia, etc. It me	eans the disca	se.			
		ANTECEDENT CAL	ISES	p.		510	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) POLMONBRY EDEMA						
ΙĔ	RISE TO T	HE ABOVE CAUSE (A) STATING T	HE DUE TO	/		
No.	ONDERL	TING CONDITION	ASI.	(C)	TERIO SC	LEROTILE	2011 -
FIC				· U	Escul B	R DISERS	
RTI	OTHER S	II SIGNIFICANT CONI	DITIONS CO	IN a			
Ш	TRIBUTING	TO THE DEATH, BU	T NOT RELAT	ED			
U	THE R. P. LEWIS CO., LANSING, MICH.	ISEASE OR CONDITIO			ATION		LOO AUTODEVA
1	19A. DATE C	OF OPERATION	19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
U			l ain Di	ACE OF INITIDY (n or 21c. WHERE DI	D /If in Reltimere City	y, give exact location)
EDICA	LYING OF	ENT WAS UNDER- R CONTRIBUTING[DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		??	y, give exact location)
Σ		(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	m. WORK AT WORK						
1	22. I hereb	2. I hereby certify that I attended the deceased from					
	dcceased a	ceased alive on 1953, and that death occurred at 11. 15 Pm., from the causes and on the date stated above.					
	23A. SIGNA		-/		3B. ADDRESS		23c. DATE SIGNED
		orters %	/ 1	May / M. D.	711 Che	and Grong 18	1.1/31/00
2	A. BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24% LOCATION (City, to	wn, or county) (State)
TI	N, REMOVAL (S	1/1 2/2	1-2	Cedar A	:00	Brookly.	TRED MI
- D	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS						
	CAL REGIST		13 SIGNAL		100 B	13/1-0	0/1/2
	FEB2	1959 11- 12	1 1-19 1	1110 LU NEDI	11/14m	salan) of	On June.



MARGIN RESERVED FOR BINDING

PLEASE WILLE PLANLY, WITH correct age is especially important.

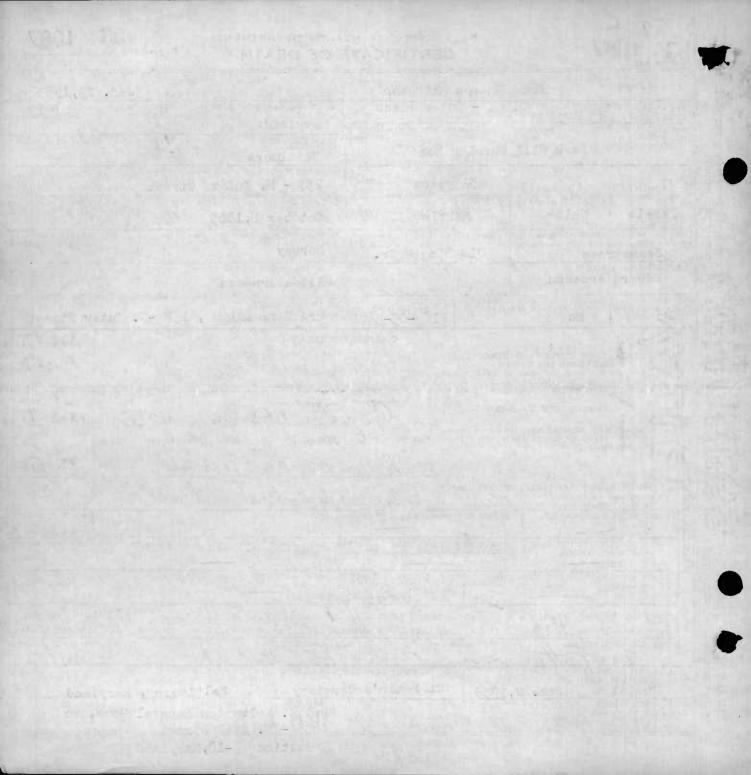
BALTIMORE CITY HEALTH DEPARTMENT

53 1087

CERTIFICATE OF DEATH Registered No						
1. NAME OF DECEASED (Type or Print) Emma Rneson			2. DATE OF DEATH Jan	29,1953		
A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or institu		4. USUAL RESIDENCE (Who A. STATE Maryland				
HOSPITAL OR INSTITUTION Park Hill Nursin		Baltimore	4-	k, write RURAL and give township)		
c. Dength of Body in Dartimore	years Yrs. Mos. Days	D. STREET ADDRESS (If ru 238 - N. Eutaw	Street			
Female White WIDE	E, MARRIED, VED DIVORCED (Specify)	October 8,1883	last birthday) Mo	nths Days Hours Min.		
ork done during most of working life, even if retired) Seamstress Clo	of Business or INDUSTRY thing Mgfr.	11. BIRTHPLACE (State or fore Norway	ign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Edward Arnesen		14. MOTHER'S MAIDEN NAME Miltda Arnesen				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 216 -05-5408	17. INFORMANT ADDRESS Mrs Edma Lahym , 238 -N. Eutaw Street				
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Cerebral Emboluse (B) Curicular Tetribution converting (B) To mad rings shythm						
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED Clark - A	cute bacterial en	locardition	35 year 2		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give						
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY nn.	21E. INJURY OCCURRI					
Pen 2 Full on man	and that death occur	red at 1045 Pm., from the 3B. ADDRESS	29, 1950 ceauses and on th	that I last saw the re date stated above. 23c. DATE SIGNED		
24A. BURIAL, GREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRAR'S SIGNAT.	St Peter's O		timore . Maj	rvland		
FEB 2 1953 - Handington 5	1150 Da NOP	25. FUNERAL DIRECTOR Earl B. Wolferton	treet	me, Inc		

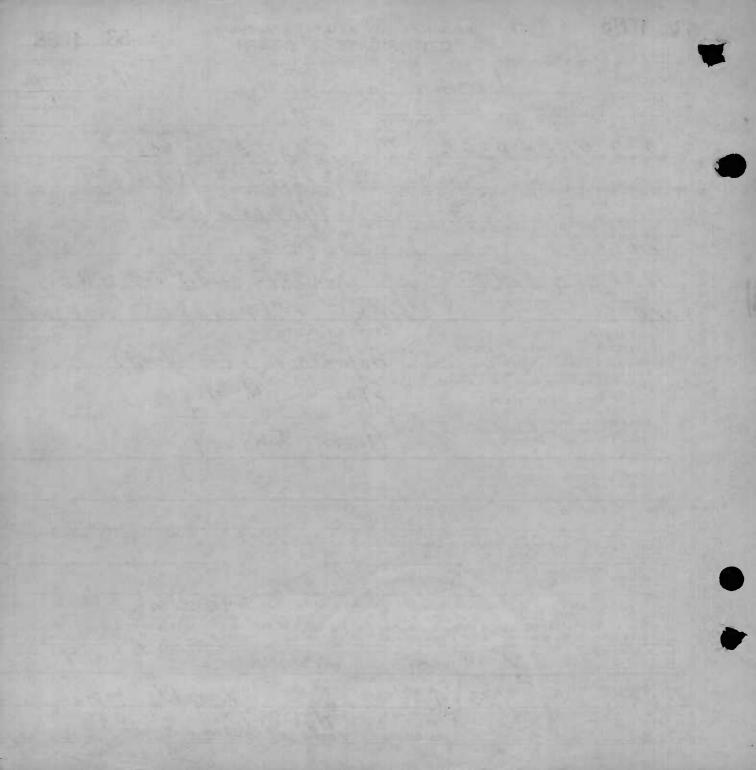
VS 150

690 4G Baltimore -18, Maryland



(If outside corporate limits rite RURAL and give township) (If rural, give location) 9. AGE (In years It Under 1 Year last birthday) Months Days Hours Min. If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ADDRESS DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) thereon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . (State) 24D. LOCATION (City, town, or county) ADDRESS LOCAL REGISTRAR withistori 151

before admission)



13 that I last saw the a., from the couses and An the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

before admission)

WHATCOUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YES

township)

L1008 Edmondser aux

0.	58-4691
he	BIRTH NO.
ed. 7	1. NAME OF DECE (Type or Print)
lie	3. PLACE OF DEAT

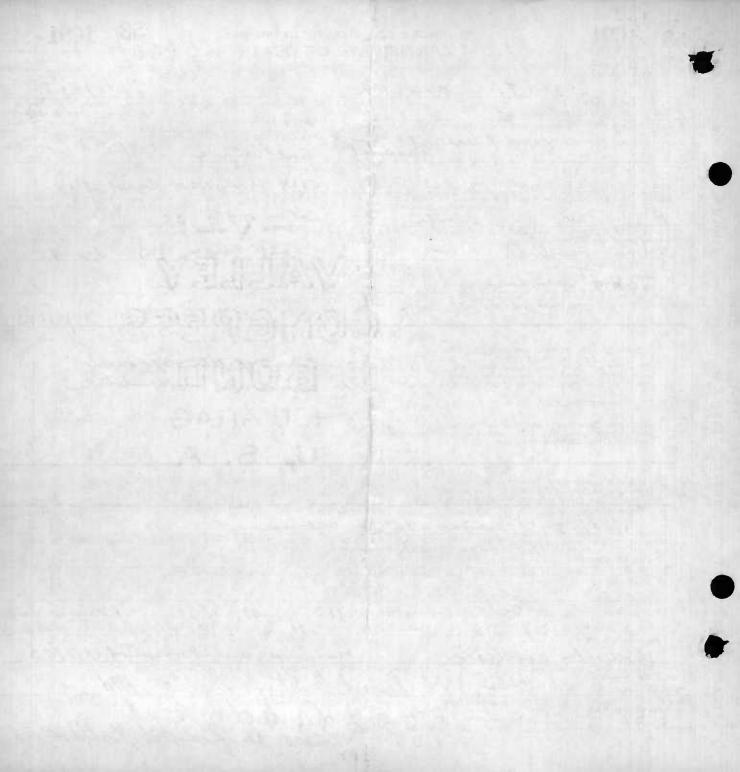
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 1091

- O	F BI	IRTH NO.		CERTIFICA	TE OF DEATH	Registered No)
F	1.	NAME OF D	ECEASED			2. DATE	
Ġ.	(T	Type or Print)	LENETT	A COUGLAR		OF DEATH 1/3/	153
supplied		PLACE OF D	EATH:	/	4. USUAL RESIDENCE	(Where deceased lived, If in	
[dn		FULL NAME	City, Maryland 4	al or institution, give street address	A. STATE	B. COUNTY	before admission)
	H	OSPITAL OR	maryland	A loont	c, CITY OR TOWN	(If outside corporate limits,	write RURAL and give
fully ly.	115	astrio iion	- July Const.	Haspita	& Baltims	/ / / /	township)
gibli	4	-6			rs. D. STREET ADDRESS	(If rural, give location)	
leg	C.	Length of s	tay in Baltimore		os. 5114 Har	ford food	# 14
should be early and leg	5.	SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (in years 11)	Inder I Year II Under 24 Hours ths Days Hours Min.
uld 7 a)		F	w	5 mile	act: 9,18		ths Days Hours Min.
on shoul	10	A. USUAL OC	CUPATION (Give kind of	108. KIND OF BUSINESS OF		or foreign country)	12. CITIZEN OF
n s	WOTA		(vorking life, even if retired)	INDUS	Bolting	are Md	WHAT COUNTRY?
th th	13	FATHER'S		The Mark Street	14. MOTHER'S MAIDEN		
melea		JoH	of Gangla	~	Martha Da	etrich	
information s of death cle	15	. WAS DECEASE	D EVER IN U. S. ARMED		17. INFORMANT		DRESS
f ir	(100	e, no or unknown)	(If yes, give war or date	security N	MRS. J.R.	Klein-S114	HarFron
em of causes		18. 175	V	CALIS	E OF DEATH	THOIR CITY	INTERVAL BETWEEN
							ONSET AND DEATH
22			LEADING TO DEAT		cirama ox	The left one	21
Every write th		heart failu	re, asthenia, etc. It mea complication which c	ns the disease,	The peritoner	o in alas Tat	2.
Wr		,,			or periamen	X may make	
K.	7		ANTECEDENT CAUS				
INK.	Ö	DISEASES	OR CONDITIONS, I	F ANY, GIVING		• • • • • • • • • • • • • • • • • • • •	
5	AT	UNDERLY	ING CONDITION LA	ST.			
NIC	FIC			(C)			****
UNFADING Physicians:	F	OTHER 6	II CONDI	TIONIC			
NF	ER	TRIBUTING	IGNIFICANT CONDI	NOT RELATED			
	U		F OPERATION 1	9B. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
TH.	A	1/	30/53 / 0	arcinama of The	0 11		YES NO
LY, WITH important.	DICA	21A. ACCID	ENT WAS UNDER-	218. PLACE OF INJURY (e.	g., in or 21c. WHERE DID	(If in Baltimore City, gi	
r, por	Ш	LYING OF	CONTRIBUTING DEATH	about home, farm, factory, street, office h	INJURY OCCUR?		
	Σ	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCL	RRED 21F. HOW DID INJ	URY OCCUR?	
PL		OF INJURY		WHILE AT NOT W			
PL		22 7 1		m. WORK L AT WO		. / - 10.53	F.1 . T 1
TE]	100			ended the deceased from		1/3/ 1953	
E		deceased al		, 1953. and that death of	23B. ADDRESS	m the causes and on the	23c. DATE SIGNED
2.0		401	well Bak	hair M.D.	maryland am	ral Haspital	1/3/153
Eage	24	4A. BURIAL,	REMA- 24B. DATE	24C. NAME OF CEM			r county) (State)
CL 20	TIC	ON REMOVAL (S	1 1 - 4	53 Phylands	ad Constant	Balto. Ma	
PLEAS	Di	ATE RECEIVE		S SIGNATURE,	25. FUNERAL DIRECTO	081	ADDRESS
PI	LC	OGAL REGIST	PA951 - +	intorn 141: 52 AGA	5 Soma of	M. Kuch	
	-	d Spin Self Sen	1000 110000	A A SUMMIN	20091	7 1018	HALLY

0938V



supplied

should be early and le

information

item

death

Jo

causes

write

INK.

UNFADING Physicians:

important.

ecially

EDI

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 0415 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate imits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years It linder 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dons during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AVIS INSI. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MINING FNSTAWARDED 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAND (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. LL CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

CAUSE OF DEATH

OF INJURY

21B. PLACE OF INJURY (e.g., in or | sbout homs, farm, factory, street, office bldg., stc.) INJURY OCCUR?

WHILE AT

WORK

21E. INJURY OCCURRED

NOT WHILE!

AT WORK

21F. HOW DID INJURY OCCUR?

mall 22. I hereby certify that I attended the deceased from. 1948, to Jan. , 1952, that I last saw the deceased alive on Jan 1952, and that death occurred at 11458 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED

24A. BURIAL, CREMA 24B. DATE DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

VS 150

24c. NAME OF CEMETERY OF CREMATORY

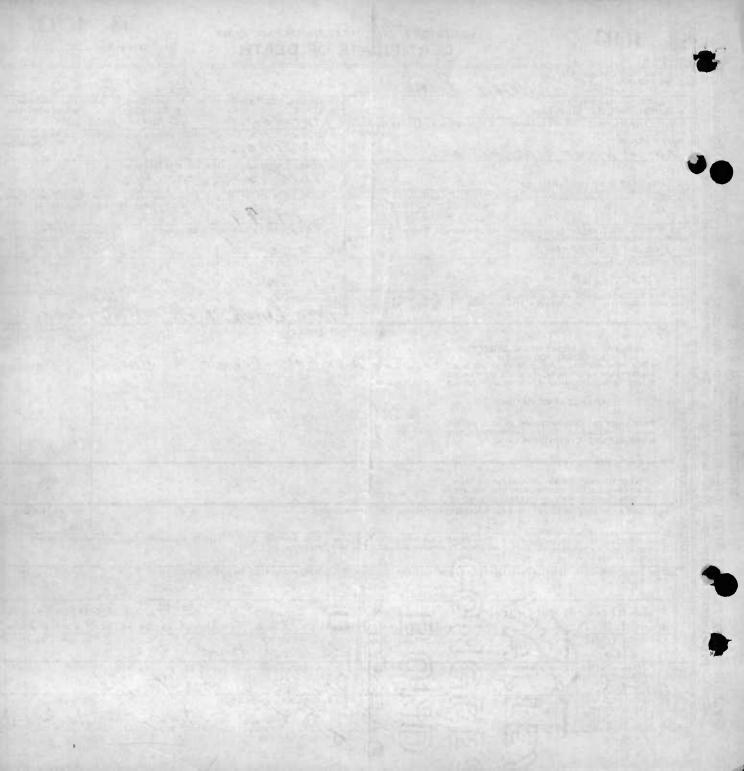
PLEASE

-	K	5	0	
40	53		1093	

53	1093

	53 1093 BIRTH NO.	3	BALI		E OF DEATH	Registered	No
	1. NAME OF DEC (Type or Print)	CEASED PAULI	HE E	Brown		2. DATE OF DEATH /-	31-53
	3. PLACE OF DE. A. Baltimore Ci B. FULL NAME O	ATH: ty, Maryland		n, give street address or	4. USUAL RESIDENCE A. STATE MATYLAND		f institution : residence before admission)
	HOSPITAL OR	ome + Ho		location)		(If outside corporate lim	its, write RURAL and give township)
0	3.5 c. Length of sta	y in Baltimore	LiF	Yrs.	D. STREET ADDRESS (If rural, give location)	
	F	COLOR OR RACE	Wie	MARRIED, D. DIVORCED (Specify)	May 1 1889	9. AGE (in years last birthday)	if Under I Year If Under 24 Hours Hours Min.
	work done during most of		108. KIND (OF BUSINESS OR INDUSTRY	MARYLANd	r foreign country)	WHAT COUNTRY?
3	7 redEr	, , , , , , , , , , , ,	cher		BETTHA Hei		
	15. WAS DECEASED (Yea, no or unknown)	EVER IN U. S. ARME (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Mis Omo	. # 1 11	207 Elline
	(This does r heart failure	OR CONDITION LEADING TO DEA not mean the mode a, asthenia, etc. It mes complication which	TH of dying, e.g., ans the disease,	CAUSE (A) PUIM DUE TO	OF DEATH	Farctim	INTERVAL BETWEEN ONSET AND DEATH
	DISEASES	NTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION L	F ANY, GIVING STATING THE	DUE TO	moop/EbiT		5 Lays 30 Ms
	W TRIBUTING	SNIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELATED	HYDEYT	ENSIM		
		OPERATION O	9	FINDINGS OF OPER			20. AUTOPSY?
	21A. ACCIDE	NT WAS UNDER- CONTRIBUTING EATH	21B. PLAC	E OF INJURY (e. g., i m, factory, street, office bldg	in or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	21D. TIME (M OF INJURY	Ionth) (Day) (Year	WH	E. INJURY OCCURR ILE AT NOT WHILE ORK AT WORK		RY OCCUR?	
	dcceased alin	certify that I at	tended the d		rred at 11.45 Am., from	1-3-5, 19 the causes and on	Shat I last saw the the date stated above.
0	234. SIGNATURE	l Clark	ins	M. D.	Church Her	ne + Hosp	23c. DATE SIGNED
	24A. BURIAL, CR TION PENOVAL (SO DATE RECEIVED	1 3-30	S SIGNATUR	Loodon	25. FUNERAL DIRECTOR	Balla	ADDRESS (State)
	LOCAL PECISTR	AP	To a few of the		1111		1 1 - 0

VS 150



lly supplied.

em of i

write

INK.

UNFADING Physicians: p

important.

PLEASE W

CERTI

FOR

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

ission)

township)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

20. AUTOPSY

1. NAME OF DECEASED (Type or Print)	WALTER H. M	TULES		2. DATE OF DEATH	Jan.	31,	1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased B. COL			on : reside efore adm
B. FULL NAME OF (If not in hos	pital or institution, giv	ve street address or	Md.			900	7

HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write LURAL and give INSTITUTION 1204 Bloomingdale Rd. Baltimore information should be call of death clearly and legibly.

D. STREET ADDRESS (If rural, give location) Yrs. Mos 120h Bloomingdale Pd. c. Length of stay in Baltimore

Days 9. AGE (In years I Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Apr. 27, 1870 married male white

10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Maryland newspaper

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Jenkins Thomas Henry Mules

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. D. Russell Mules - 713 Dryden Dr. none

ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

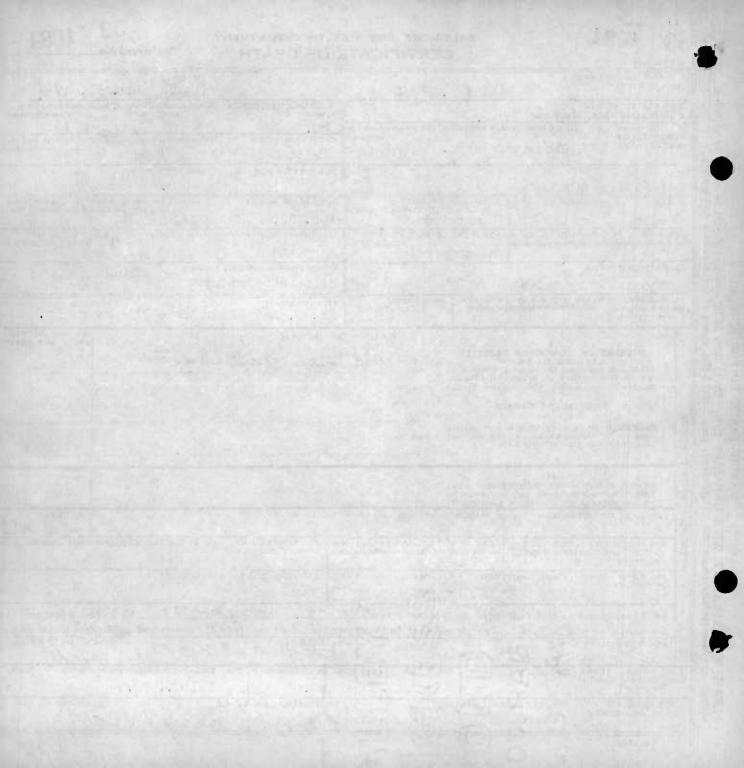
OF INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from # 14 , 19 3 Shat I last saw the 1947ta

deceased alive on 36 1952 and that death occurred at 2 Am., from the causes and on the date stated above. 23A, SLONATURE

24A. BÜRIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county)

Balto., Md. Loudon Park Cem. **Purial** DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



1095 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH Stanton NAME OF DECEASED 2. DATE HARRY OF (Type or Print) DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Md B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Lutheran Hosp. township) Raltimore Yrs. (If rural, give location) and legibly. O. STREET ADDRESS Mos. 1901 Edgewood St. c. Length of stay in Baltimore Days 8. DATE OF BIRTH If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Feb. 16, 1879 male white single should 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, eyen if retired)
ASS to Chief Clerk INDUSTRY WHAT COUNTRY? Railroad Virginia information s of death clear 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna Sophia Harris James E Green BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mr. J. Ernest Green-103 Hilton Ave no very item of i INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Terebral Hemmhage DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. NFADING UNFADING Physicians: (C) MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NLY, WITH important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B, PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING [CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT

WORK

22. I certify that I took charge of the remains described above, held an .

PLAIN ITE PLAIN especially

RI

3 age

PLEASE

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above

23A. SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR

and death in my opinion resulted from: natural causes \mathcal{N} , accident \square , suicide \square , homicide \square , undetermined \square . 23c. DATE SIGNED

thereon and from

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

Ivy Hil REGISTRAR'S SIGNATURE

V S 151

9050

Elm L. Techner Youn

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No.

P	BIRTH NO.						
-		NAME OF DECEA	SED		2. DATE		
7	(T	'ype or Print)	SALL	IE MILDRED KRATZ		of Jan	. 30, 1953
lie		PLACE OF DEATH				NCE (Where deceased lived.	If institution: residence
supplied.	1	Baltimore City,			A. STATE Md.	B. COUNTY	before-admission
20		FULL NAME OF OSPITAL OR	(II not in nospita	al or institution, give street address locat		(If outside corners e lim	nit write RURAL and give
ully	IN	ISTITUTION				(ii outside confortie iii	township
D A	Acre	15 E.	. Centre S		Baltimore	SS (If rural, give location)	0
gir	0	U		Y M	08.		
e c		Length of stay i			ys 15 E. Cent		
l b	5.	SEX 6.C	OLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH	9. AGE (111 years last birthday)	If Under 1 Year If Under 24 Hours Months; Days Hours: Min.
ulc	fe	emale wh	nite	married	May 15,1884	68	
tho	10	A. USUAL OCCUPA	ATION (Give kind of	108. KIND OF BUSINESS OF		State or foreign country)	12. CITIZEN OF
n s	.,	Housewife	ing me, even in recired)	at home	Delaware		WHAT COUNTRY
tio h	13	FATHER'S NAME		ao nome	14. MOTHER'S MA	IDEN NAME	
ma		James Owen	Teaace		Sallie Dono	neven	
information should be s of death clearly and l	15	. WAS DECEASED EV		FORCES? 16. SOCIAL			
inf	(Ye	e, no or unknown) (If	yes, give war or date	security N 217-32-8580	17. INFORMANT		ADDRESS
of		no		217-32-0500	Mr. Carrol	H. Chambers-221	S. Catherine S
em of causes		18. 422.1		CAUS	E OF DEATH		ONSET AND DEATH
ite e c		DISEASE O	R CONDITION	DIRECTLY	H A	T. CO	
Every item write the cau		(This does not	DING TO DEAT	f dying, e.g., (A)	eroscer	otic Cardio	
Ever			thenia, etc. It mea clication which e	ns the disease,	A - Das E	Vic a no	
ME					serving a	11>20ac	
že.	-	ANT	ECEDENT CAUS				
INK.	TION	DISEASES OR	CONDITIONS, I	ANY, GIVING	***************************************	· · · · · · · · · · · · · · · · · · ·	
2	F		CONDITION LA				
N.S.	Ü			(C)	•••••••••••••••••••••••••••••••••••••••		***************************************
UNFADING Physicians: p	RTIFICA		11				
FA			FICANT CONDI				
N. Sh	CE		THE DEATH, BUT			••••	
H		19A. DATE OF OF	PERATION 1	98. MAJOR FINDINGS OF C	PERATION		20. AUTOPSY7
WITH rtant.	EDICAL						YES NO
WI	20	21A. ACCIDENT		218. PLACE OF INJURY (e about home, farm, factory, street, office b			, give exact location)
Y, WITH important.		LYING OR CO		anous nome, taria, tactory, serest, outce t	dg.,etc.) INJURY OCCUI	K1	
Z'ii	Σ	21D. TIME (Mont	th) (Day) (Year)	(Hour) 21E. INJURY OCCU	RRED 21F. HOW DID	INJURY OCCUR?	
Ally		OF INJURY		WHILE AT NOT W			
4-				m. WORK AT W	RK A		

E PLA especial

PLEASE W

MARGIN RESERVED FOR BINDING

19 That I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 30, 19 3, and that death occ , 1944, to Jan and that death occurred at 4:30 m., from the causes and on the date stated above. 238. ADDRESS 23A, SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

oudon Cem Balto Cem.

248/DATE

VS 150

24D. LOCATION (City, town, or county)

(State)

ADDRESS

NAME AND ME AND ADDRESS OF THE PARTY.

	supplied	
_	ully	Iy.
1	0	legib
	d be	and
	shoul	early
	tion	h cl
DNI	forma	f deat
120	f ind	es o
Q 41	em o	causi
4	y it	the
LVED	Ever	write
THE CHAIN	INK.	please
MARGIN RESERVED FOR DINDING	LA LY, WITH UNFADING INK. Every item of information should be coully supplied	vsicians:
1	I U	Ph
	WITE	rtant.
	,Y.	impo
	LA	ally

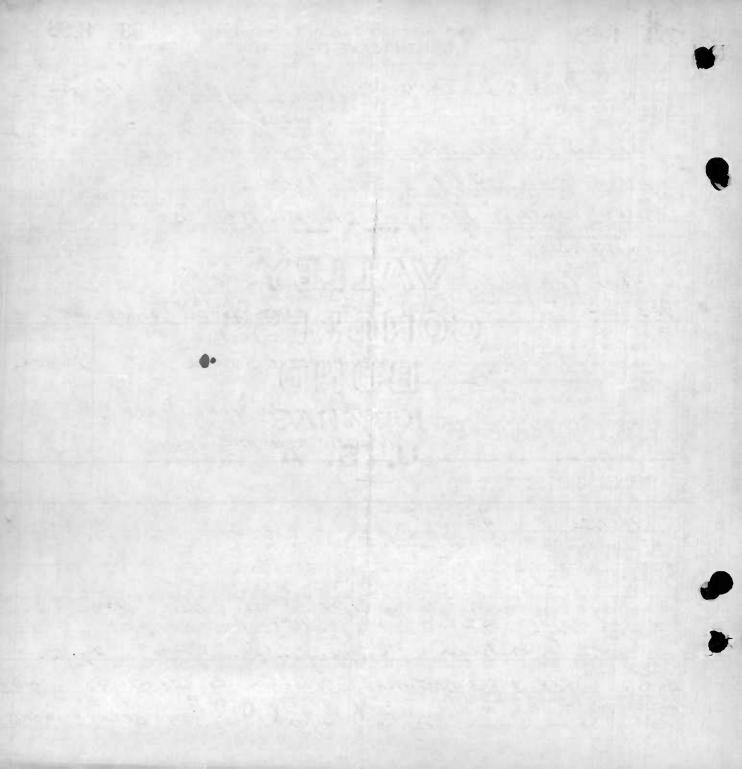
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1097

d. T	1. NAME OF DECEASED (Type or Print) ANNA MILLER	2. DATE OF Feb. 1, 1953
pplie	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
ully supplied.	B. FULL NAME OF (If not in hospital or institution, give street address or Hospital or Institution) INSTITUTION 2710 Boarman Ave.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
unily.	Yrs.	Raltimore D. STREET ADDRESS (If rural, give location)
legi	c. Length of stay in Baltimore Mos. Days	2710 Boarman Ave.
uld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) female white widowed	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
rmation should be death clearly and l	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE at home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
th	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dea	Alfred B. King	Unknown
of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Jessie Miller-2710 Boarman Ave.
em of i	18. 154X . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DING INK. Every itemians: please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Pulmonay Edema sw. days rainona of Rectum about 6 mo.
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
Y, WITH important.	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bidg.	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
Ally	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	
E PI especia	deceased alive on 1943, and that death occu	red at 2° m., from the causes and on the date stated above.
E Wage is	7. Highstein M.D.	988 W. Lombad St. 2.2.53
	24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/4/53 Loudon Park	
PLEAS correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR! ADDRESS
	VS 150	Boeto 17 Mid.

VS 150

5714M



	The	J
	E PLA Y, WITH UNFADING INK. Every item of information should be could be could be could be could be completed.	nory.
	d be c	and leg
	lnous n	learly
DING	formation	of death c
R BINI	m of ir	sauses (
VED FOI	Every ite	write the
RESEF	INK.	please
MARGIN RESERVED FOR BINDING	UNFADING	specially important. Physicians: please write the causes of death clearly and legacy.
	WITH	rtant.
	,Y.	impo
	E PLA	specially

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased Word, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or ar HOSPITAL OR location) C. CITY OR TOWN Axite RURAL and give outside corporate limits. INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 20 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH ff Under 1 Year 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DLVORCED (Specify) last birthday) Months; Days Hours; Min. 1889 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooeduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? nore 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknowo) SECURITY NO. 200 INTERVAL BETWEEN CAUSE OF ONSET. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I hereby eertify, that I attended the deceased from Oct. to Jah. 19 2 that I last saw the and that death occurred at 12 30 m., from the causes and on the date stated above, deceased alive on Jon. 29 234. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY PLEASE 24B DATE

township)

If Under 24 Hours

NO

24D. LOCATION (City, town, or county)

vua DATE RECEIVED BY ADDRESS SIGNATURE 25. FUNERAL DIRECTOR

LOCAL REGISTRAR

VS 150

Cerebral Thrombosis 1/2 415

Cet Make Manager

Com H. N. Granner, B. J. 101 Standows Com.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK.

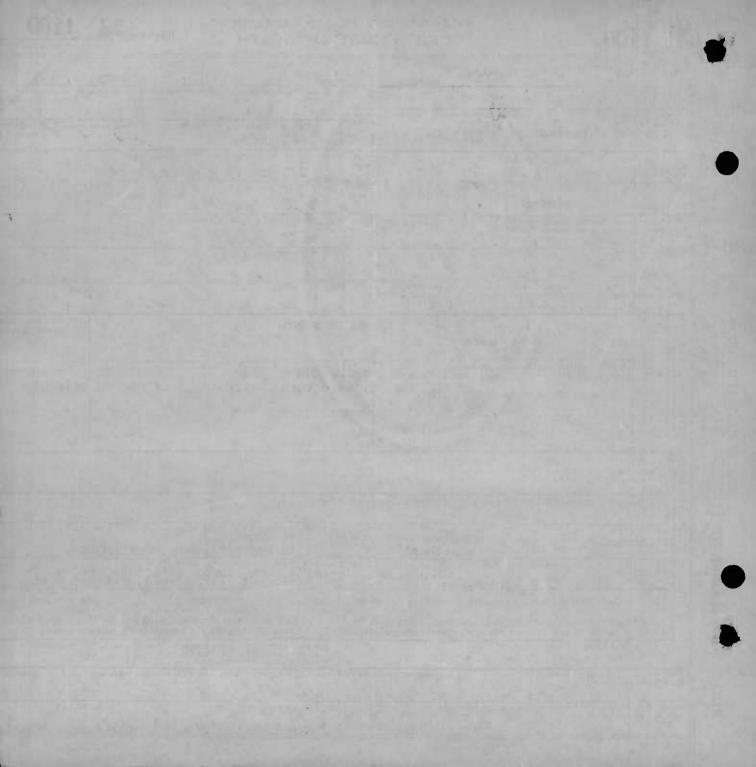
V S 151

14-933.0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1100 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) STEVEN	2. DATE OF January 20 1002
3. PLACE OF DEATH:	ELAM DEATHJANUARY 30, 1953
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF 'f not in hospital or institution, give street address HOSPITAL OR location	
INSTITUTION University Hospital	c. CITY OR TOWN (If outside corporate limits, write RULL and give township)
P. Yrs Mos	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Suff Day	
Male 6. COLOR OR RACE 7. SYNGLE, MARRIED, WIDOWED, DIVORCED (Special Colored WI	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of TOB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Unemployed.	Belt In 1
13 PATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jobenston Clam	Others Marshall
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Lee, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Mes World#2	Rotera Cam 224 Cherry Hills
18. F 921.0 and 323 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Asphy	da
heart failure, asthenia, etc. It means the disease.	Lration of Milk
	adventure in treatment of heroin poisoning
ANTECEDENT CAUSES	id officer of the control of the con
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
U II	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
	YES X NO L
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB.	
UTING LI CAUSE OF DEATH. apartment	13th and R Streets, Washington, D.C.
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 215 HOW DID INJURY OCCUR?
OF INJURY 1/30/53 ? 10:30Am. WHILE AT NOT WHIL	milk down him in effort to revive him passed out from heroin, friends poured
22. I certify that I took charge of the remains described	above, held anautopsy thereon and from
the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural caus	cs , accident , suicide , homicide , undetermined .
1 STONATURE X STONE	A SSISTANT MEDICAL EXAMINER
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Juna 143/53 Delle, 7	stronally treducktd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF IMAINIA DEATH JAN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN . (If outside corporate limits, write RURAL and give OHNS HOPKINS HOSPITAL INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH . AGE (In years) If Lindar 1 Year If Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dope daring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Purerelo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

21 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS OHNS HOPKINS HOSPITAL

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

INTERVAL BETWEEN

ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

1 19B. MAJOR FINDINGS OF

CAUSE OF DEATH

20. AUTOR

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT NOT WHILE!

21F. HOW DID INJURY OCCUR?

WORK

AT WORK

23 SIGNATURE

CAUSE OF DEATH

22. I hereby certify that I attended the deceased from 1-12-53 19 deceased alive on 1-29-, 1933 and that death occurred at 230 Am., from the causes and on the date stated above.

OPKINS HOSPITAL

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) cemon DATE RECEIVED BY

248. DATE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

. 1952 that I last saw the

LOCAL REGISTRAR

wilmor

24c. NAME OF CEMETERY OR CREMATORY

VS 150

UNFADING Physicians: p LY, WITH important. E PLA especially PLEASE W

causes

F

CE

Negligia New York and the second of the seco 16 215 A 1 2 1 1 1 1 1 1 1 3.2 1. C. I. I. 11 11 11 12 12 11 2-1-6 and the state of t 3 2 5 00

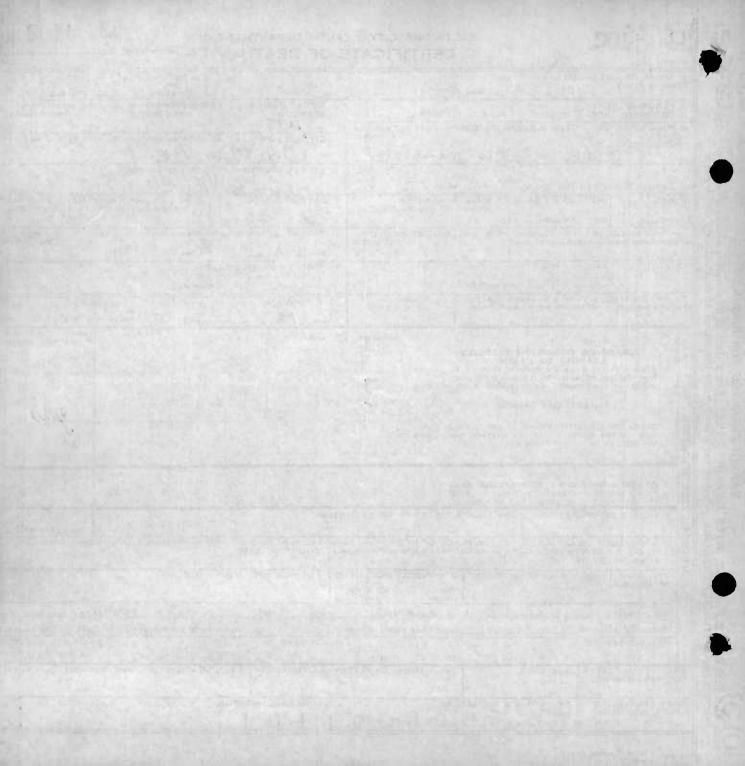
11 14	60
537	1102

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1102
Registered No	

BIRTH NO.	CLICITI TOAT	L OI BEATTI		
1. NAME OF DECEASED (Type or Print) mand and and	-+		2. DATE 31 OF DEATH 11-2	el- Jan 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland 12 60	Jalley St.	4. USUAL RESIDENCE (Where deceased lived. If is B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION,	on, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits,	
Lettle Sisters of	15000	BAITIN	none 1	township)
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (II	frural, give location)	_
5. SEX 6. COLOR OR RACE 7. SINGLE	Days MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		inder 1 Year If Under 24 Hours this Days Hours Min.
	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	Die City	Pa	WHAT COUNTRY?
19. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	many Wil	aon	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT Lettle Ses	les of the	DDESS
18. 422.1	CAUSE	OF DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.	CV4	mic Muna	andilia	6 mund
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.		wind involved	www	
ANTECEDENT CAUSES	07	- QUA		2
	(B) Will	mo-scello	SCS.	Oyps
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	E DUE TO			
ő.	(C)			•••••
OTHER SIGNIFICANT CONDITIONS CON-				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
	FINDINGS OF OPER	ATION		20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N				YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, far	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
OF INJURY	11E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	WORK NOT WHILE			
22. I hereby certify that I attended the				that I last saw the
deceased alive on Jan 30, 1953, a	and that death occur	red at // m., from	the eauses and on the	e date stated above.
G. Fill Ha	le Mon. D.	163/ E. Nou	the ave	Freb 1-53
24A. BURIAL. CREMA- 24B. DATE 110N, REMOVAL (Specify)	4c. NAME OF CEMETE	RY OR CREMATORY 240. I	LOCATION (City, town,	or county) (State)
Burial 3 8 1- 4/53 0	Loudoul	ark I E	allmore	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	RE SIAGANIA	25 FUNERAL DIRECTOR	Sololof Gar	ADDRESS ST
	4. 61		- CUNCELLO	CI Jack



supplied.

on should le

information s s of death cle

causes item

Every ite

INK.

UNFADING Physicians: pl

WITH

PLA

(E)

SI

especially important.

ERTIF

Ü

MEDICAL

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1103

1. NA	ME	OF	DEC	EAS	ED	
(Type	or l	Print)		F	1.1	7

SOISTMAN

2. DATE OF

3. PLACE OF DEATH

A. Baltimore City, Maryland

DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION

location'

INDUSTRY

Yrs.

(If outside corporate innits, write HURAL and give C. CITY OR township)

Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED

ADDRESS (If rural, give location) 8. DAT

5. SEX 6. COLOR OR RACE

WIDOWED, DIYORCED (Specify) 10A. USUAL OCCUPATION (Give kiod of) 108. KIND OF BUSINESS OR

RTHPLACE (State or foreign country)

last birth ay) Months; Days Hours; Min. 12. CITIZEN OF

work dooe during most of working life, even if retired) 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

ADDRESS

WHAT COUNTR

EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service)

SOCIAL SECURITY NO.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEAT

a 00.0 DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

OUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Nme

CERTIFICATION APPROVED CHIEF OR ASST. WEDICAL XAM

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS, OF OPERATION

21A. ACCIDENT, SUICIDE.

21B. PLACE OF INJURY ... g., in or shout home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location)

HOMICIDE

Muy

OF INJURY

210. TIME (Month) (Day) (Year) (Hour)

OPERATION

21E. INJURY OCCURRED WHILE AT AT WORK

19 that I last saw the

from the causes and on the date stated above.

deceased alive on 23A, SIGNATURE

22. I hereby certify that I attended the deceased from_ 19.53, and that death occurred at

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24C

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

ADDRESS FUNERAL DIRECTOR

N 853.

PLEASE correct

THE RESIDENCE OF THE PARTY OF T PO * DO SO STADISTING

Jy.

ca

pe and

should

information

item FOR

UNFADING Physicians:

important.

especially

S

P.L.

2 age

PLEASE

BINDING

RESERVED

legibly

clearly

death

of

causes of

1104

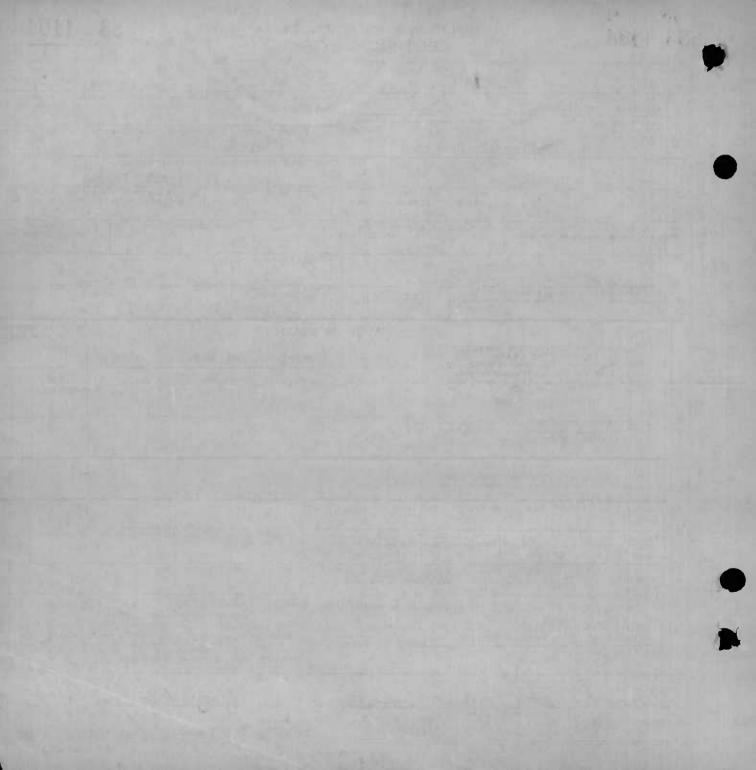
BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH JANNB 2. DATE NAME OF DECEASED FRANCIS JANEY -February 1, DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (ownship) University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 201 E. University Parkway c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Munder I Year | Munder 24 Hours last birthday) | Months; Days | Hours | Min. White Male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR U. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) terpresal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Millel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no percokcown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) CA П OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office hldg., etc.) UTING TI CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Mouth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes Z, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR MANE OF CEMETERY DE CREMATORY 24A. BURIAL. CREMA-24D. 24B. DAT TION BEMOVAL (Specify

VS 151

TE RECEIVED BY LOCALDREGISTHAR

REGISTRAR'S SIGNATURE

wilson



MARGIN RESERVED FOR BINDING

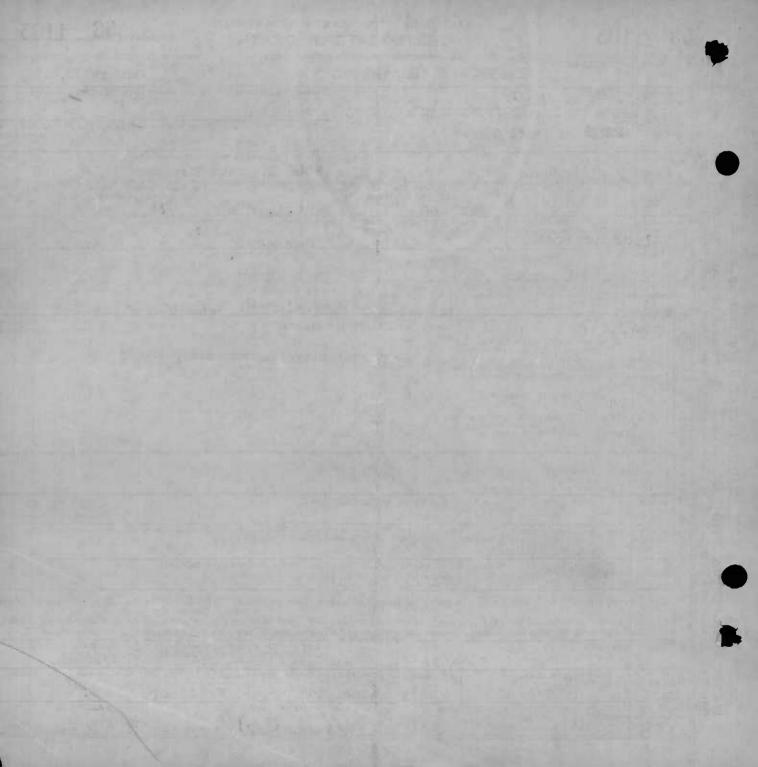
V S 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53

(Type or		THEO	DORE (Biskup	ski BI				nuary 30,	
A. Balti B. FULL HOSPIT INSTITU	AL OR 208	on, give stree	t address or location) Yrs. Mos.	A. USUAL RESIDENCE (Where deceased lived. If institution is a country be maryland c. CITY OR TOWN (If outside dispersate limits, write R Baltimore B. COUNTY be maryland c. CITY OR TOWN (If outside dispersate limits, write R Baltimore B. STREET ADDRESS (If rural, give location)						
5. SEX				MARRIED, ed, DIVORC		s. DATE OF BIRT	Н	19. AGE (In year	s if Under 1 Year Months Days	If Under 24 Hours Hours Min
Tai	HER'S NAME	g life, eveo if retired)		OF BUSINI	ESS OR INDUSTRY	German	State or f		12. CITIZ WHAT USB	EN OF
15. WAS	DECEASED EVE	t known	ORCES?	16. SOCIA	(17)	not know		AME	ADDRESS	
(Yes, no or	uoknown) (If 3	es, give war or datee of	service)	SECUR	RITY NO.	Wrs.Michae	el Ho	fmann 284		am Ave
RTIFICATIO	ISEASES OR C SE TO THE AB NDERLYING O	CEDENT CAUSES CONDITIONS, IF A OVE CAUSE (A) ST CONDITION LAST II ICANT CONDITION HE DEATH, BUT NO OR CONDITION OR	ONS CON-	(C)						
Ü 19A.	DATE OF OPE			FINDINGS	OF OPER	ATION			20. A	NO X
JUND	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.					or 21c. WHERE I C.) INJURY OCCU	DID (I JR?	If in Baltimore Ci	ty, give exact l	ocation)
	TIME (Month NJURY) (Day) (Year) (H	WI	1E. INJURY	OCCURRE NOT WHILE	D 21F. HOW DIE	'AULNI C	Y OCCUR?		
	the evidence	obtained by sa	id Autor	sy, Inspe	ction or I:	oove, held an inquiry, find that , accident ,	Autopsy,	Inspection or Inqueceased died on	iry i the day sto	ated above
23A.	23A. SIGNATURE PASSAGE M					238. CHIEF M ASSISTANT M D. MEDICAL INV	EDICAL EDICAL ESTIGAT	EXAMINER	23c. DATE S 1/31/53	IGNED
Buri		2/3/53		Holy	Redee		Ba	ocation (City, to	Md.	(State)
DATE R LOCAL	REGISTRAR	REGISTRAR'S	SIGNATUR	RE	078	25. FUNERAL DIF	Lilla	1639	Broad.	

59046



Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) CAPEHART February 1, JAMES DEATH supr lied. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1746 B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN Baltimore Franklin Square Hospital o. STREET ADDRESS (If rural, give location) Yrs. legibly. Mos. 710 Vincent Street cal c. Length of stay in Baltimore Days AGE (In years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Male pluods 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF clearly work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY information s of death cle MOTHER'S MAIDEN NAME 13. FATHER'S NAME BINDING 15. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not runknown) (If yes, give war or detes of service) 16. SOCIAL INFORMANT ADDRESS SECURITY NO ry item of in 322.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH RESERVED FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Acute alcoholism heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Physicians: MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES important. (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, fectory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. Ш 210. TIME (Momth) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE AT WORK especially 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses X, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE. ASSISTANT MEDICAL EXAMINER ⋈ MEDICAL INVESTIGATOR PLEASE 24A. BURIAL. CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 **FUNERAL** RIRECTOF LOCAL REGISTRAR V S 151

March Agent with Mon 25 30 900 * 3001 Moneto del espera for the state of from Complete James Capellat & MATEL 13 - 1 2 6 - 53 mg f flate - 13 n (6 6 - 6 - 81) 7- H GOLD 915 D- 4

530 1107 BIRTH NO.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

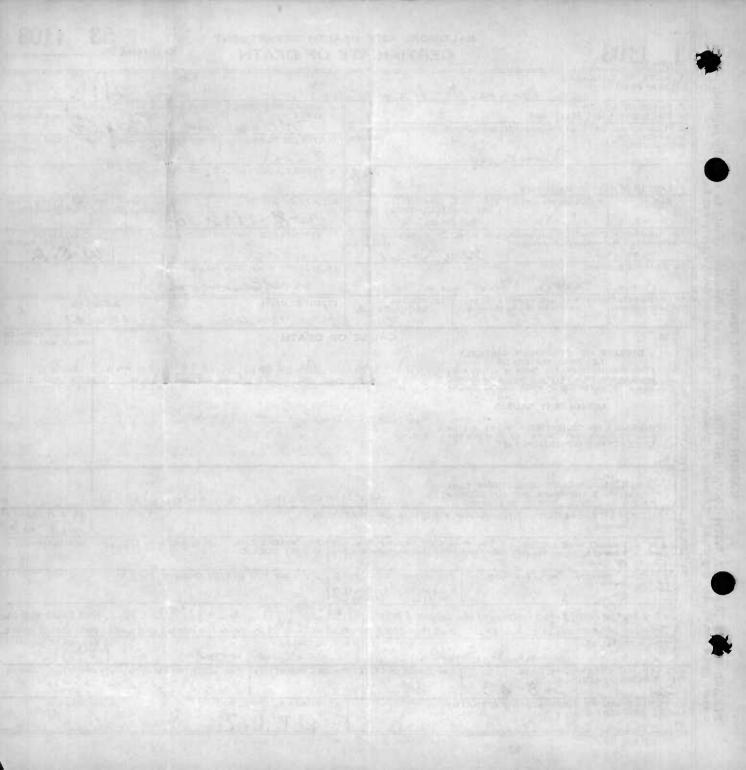
egistere 30 1107

4	TH NO.			
	NAME OF DECEASED pe or Print)	NOTA 2	OHES	2. DATE OF 2-1-53
A. B	PLACE OF DEATH: Baltimore City, Maryland Bal	to- City	A. STATE	(Where deceased lived. If institution: residence B. COUNTY before admissional admissional before before admissional admissiona
HOS	ULL NAME OF (If not in hospital or in FITAL OR TITUTION 720 W.	Mulber alt		If outade corporate limits, write FURAL, and
c. L	Length of stay in Baltimore	Yrs. Mos. Days	710000	Mullien, St.
5. SI	6. COLOR OR RACE 7. SI	INGLE, MARRIED, IDOWED, DIVORCED (Specify	8. DATE OF BIRTH	last birthday Months Days Hours
		KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12. CITIZEN OF WHAT COUN
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN	
	WAS DECEASED EVER IN U. S. ARMED FORC no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mary E. Ste	inens (ell Augustle)
1	18. 037X	4.4	OF DEATH	INTERVAL BET
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e.g., (A) Ure	mia - pyel	nephritis
	injury or complication which caused	death.) OUE TO	• /	10
-		STRI	ICTURES OF	= (Kecrum
z	ANTECEDENT CAUSES	(B)	ICTURES OF	= (Kecrum
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING (B)	RETERS	
TIFICATI	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION:	GIVING (B)	RETERS	ma Vehereum
ERTIFICATI	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT FOR THE DISEASE OR CONDITION CAUSE.	GIVING (B)	phogranul	
CAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION. TRIBUTING TO THE DEATH, BUT NOT FOOTHE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B, M.	S CON- RELATEO SING IT. AJOR FINDINGS OF OPE	Phogramule RATION in or 21c. WHERE DID	ma Vehereum
MICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M.	S CON. RELATEO SING IT. AJOR FINDINGS OF OPE	Phogramule RATION in or 21c. WHERE DID	20. AUTOPS
MEDICAL CERTIFICATE	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	S CON- RELATEO SING IT. AJOR FINDINGS OF OPE B. PLACE OF INJURY (e.g., thome, farm, factory, street, office bldg.	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21F. HOW DID INJU	20. AUTOPS YES No. (If in Baltimore City, give exact location)
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I certify that I took charge of	S CON- RELATEO SING IT. AJOR FINDINGS OF OPE B. PLACE OF INJURY (e.g., thome, farm, factory, street, office bidg. 2 1E. INJURY OCCURF WHILE AT NOT WHILE M. WORK AT WORK The remains described	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY 21f. HOW DID	20. AUTOPS YES No (If in Baltimore City, give exact location) RY OCCUR? SPECTION thereon and particularly there are the particularly there are the particularly the particular
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I certify that I took charge of the evidence obtained by said	S CON. RELATEO SING IT. AJOR FINDINGS OF OPE B. PLACE OF INJURY (e. g., thome, farm, factory, street, office bldg. 2 1E. INJURY OCCURF WHILE AT NOT WHILE AT WORK f the remains described Autopsu. Inspection or	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY above, held an Autops; Inquiry, find that said	20. AUTOPS YES No. (If in Baltimore City, give exact location) RY OCCUR?
MEDICAL CERTIFICATE	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I certify that I took charge of the evidence obtained by said	S CON. RELATEO SING IT. AJOR FINDINGS OF OPE B. PLACE OF INJURY (e.g., thome, farm, factory, street, office bldg. C) 21E. INJURY OCCURE M. WHILE AT WORK AT WORK f the remains described Autopsy, Inspection or lited from: natural cause	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY above, held an Autops Inquiry, find that, said es Accident Suicide 236. CHIEF MEDICAL ASSISTANT ME	20. AUTOPS YES NO (If in Baltimore City, give exact location) RY OCCUR? Thereon and indicated in the day stated and indicate in the day stated and indicated in the day stated in th
MEDICAL CERTIFICATE	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT FOR TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I certify that I took charge of the evidence obtained by said and death in my opinion result	S CON- RELATEO SING IT. AJOR FINDINGS OF OPE B. PLACE OF INJURY (e.g., thome, farm, factory, street, office bldg. T) 21E. INJURY OCCURF M. WHILE AT NOT WHILE M. WORK AT WORK The remains described Autopsy, Inspection or or other from: natural cause	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY above, held an Autops; Inquiry, find that said accident suicides Accident suicides Assistant medical ASSISTANT MEDICAL MEDICAL INVESTIG.	20. AUTOPS YES N (If in Baltimore City, give exact location RY OCCUR? (If in Baltimore City, give exact location RY occur? (Inspection or Inquiry decased dicid on the day stated a decased dicide n, undetermined EXAMINER

V S 15

and 24 Far out Theretony at - The Whyaling 8--4-1812 32, hand to long development the transfer of the distant which may be then the same are the author on the contract

500	3 5 C	8		MORE CITY H			Registered	53 No	1108
	1. NAME OF C (Type or Print) 3. PLACE OF C A. Baltimore (An	nie F	Armac	4. USUAL RESID	r	OF DEATH deceased lived, If		n: residence
	B. FULL NAME HOSPITAL OR INSTITUTION	0 /		n, give street address or location	mau	(If outside	de corporate limi	llo	
	c. Length of s	stay in Baltimore		25 Moss	D. STREET ADDR		gve location)	520	
ly all	Female	6. COLOR OR RACE	Me-	D, DIVORCED (Specify	12-01-	1983	ast birthday) M		ys Hours Min
Clear Clear	ork done during most	CCUPATION (Give kind of of working life, even if retired)	ow.	f BUSINESS OR INDUSTRY	11. BIRTHPLACE (e	country)		IZEN OF AT COUNTRY
dear	Wm	George P.	besem	~ ~	unt	COLO	~		
causes or	18. 26	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Chas N.	Runaes	nd. up	hu	NICK RVAL BETWEE
please witte the	(This does heart failt in jury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	FH f dying, e. g., ns the disease, aused death.) ES F ANY, GIVING STATING THE	DUE TO	betes h				d sy
CEDTIEICA	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT.		eriosclero	515,98h	evalize	٨	
ortalit.	19A. DATE O	0		FINDINGS OF OPER		OLD (If in	Baltimore City	YES	
is especially impolication	CAUSE OF 21D. TIME OF INJURY	(Month) (Day) (Year) The property I and I and I and I are I are I and I are I and I are I and I are I and I are I are I and I are I are I and I are I are I are I and I are I are I and I are I and I are I and I are I and I are I are I and I are I are I are I and I are I are I and I are I and I are I and I are I are I and I are I	(Hour) 2: m. WF cnded the d , 19, ar		21F. HOW DIE 21F. HOW DIE 31 33 19 rred at 12 36 Am. 23B. ADDRESS	, to 2 1		_, that l	last saw the
ect age	24A. BURIAL, FION, REMOVAL (S OLIVE DATE RECEIVE	2-3-		SA Pau	ERY OR CREMATORY	Bul	ION (City, town		cd
	VS 150	RAR H	生沙	water, Age	Edge Co	pton.	Hamp	rtea	1 med



1425	
53 110	9

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1109

	NAME OF D	ECEASED			2. DATE	
	Type or Print)	LENA	HECHTER WILKINS	ON		30, 1953
Α.		City, Maryland		4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR ISTITUTION		al or institution, give street address of location	c. CITY OR TOWN (If Baltimore	outside composate limi	is write RURAL and give township)
1	2029	N. Washin	gton Street		rural, give location)	
0	Length of s	tay in Baltimore	Life Mos.	2020 N Washi		et
	SEX F.	6.COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years)	
10 worl	k done during most	CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY? USA
13	B. FATHER'S	NAME		14. MOTHER'S MAIDEN NA		
	Henry 1	Hechter		Lena Kreutze	r	
(Ye	NAS DECEAS:	ED EVER IN U.S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY NO. NO NO	17. INFORMANT 2029 Mr. Charles Wi		Borgs Street
	18. 33	1× .	CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEAT to not mean the mode of tre, asthenia, etc. It mea complication which of	of dying, e.g., (A)	elral acc	Leben) day
ATION	RISE TO T	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) /ING CONDITION LA	F ANY, GIVING STATING THE DUE TO	ha begulen	Laurelan	~ 5 yrs
U			(C)		***************************************	
CERTIFIC,	TRIBUTING	II GONIFICANT CONDI TO THE DEATH, BUT	TIONS CON-			
CE	TRIBUTING	II IGNIFICANT CONDI 5 TO THE DEATH, BUT ISEASE OR CONDITION	TIONS CON-	RATION		20. AUTOPSY?
Ш	TRIBUTING TO THE D 19A, DATE C	II SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1 SENT WAS UNDER- R CONTRIBUTING	TIONS CON- NOT RELATED CAUSING IT.	in or 21c. WHERE DID (I	f in Baltimore City,	YES NO
DICAL CE	TRIBUTING TO THE D 19A. DATE C 21A. ACCIE LYING OF CAUSE OF	II SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1 SENT WAS UNDER- R CONTRIBUTING	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., sbout home, farm, factory, street, office bldg	iu or 21C. WHERE DID (I		YES NO
EDICAL CE	19A, DATE O	II GONIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF UNDER- R CONTRIBUTING	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., sbout home, farm, factory, street, office bldg	iu or 21c. WHERE DID (I INJURY OCCUR?		YES NO
EDICAL CE	TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING ☐ O CAUSE OF 21D. TIME OF INJURY	II SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION IN THE CONTRIBUTING CONTRIBUTING DEATH (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g. sbout home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE AT WORK AT WORK	iu or 21c. WHERE DID (I INJURY OCCUR? RED 21f. HOW DID INJURY	OCCUR?	YES NO 4
EDICAL CE	TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING ☐ O CAUSE OF 21D. TIME OF INJURY	II SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF CONTRIBUTING CONTRIBUTING DEATH (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE	in or 21c. WHERE DID (I INJURY OCCUR? RED 21f. HOW DID INJURY The property of the control of t	occur?	YES NO
MEDICAL CE	TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING □ OI CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased a 23 SIGNA	GIGNIFICANT CONDIST TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION IN THE CONTRIBUTING DEATH (Month) (Day) (Year) The contribution of the con	TIONS CON- NOT RELATED CAUSING IT. 98. MAJOR FINDINGS OF OPE 218. PLACE OF INJURY (e. g., sbout home, farm, factory, street, office bldg (Hour) 218. INJURY OCCUR WHILE AT NOT WHILE AT WORK Rended the deceased from 1, 195, and that death occur.	in or 21c. WHERE DID (I INJURY OCCUR? RED 21f. HOW DID INJURY The property of the control of t	r occur? 30, 19 ³ ne causes and on t	yes No Agive exact location) That I last saw the the date stated above. 23c. DATE SIGNED
MEDICAL CE	TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING □ OI CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased a	GIGNIFICANT CONDIST TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION IN THE CONTRIBUTING DEATH (Month) (Day) (Year) The contribution of the con	TIONS CON. NOT RELATED CAUSING IT. 98. MAJOR FINDINGS OF OPE 218. PLACE OF INJURY (e. g. sbout home, farm, factory, street, office bldg (Hour) 218. INJURY OCCUR WHILE AT NOT WHILE MORK cended the deceased from 1, 19 3 and that death occur M. D. 24C. NAME OF CEMET	iu or 21c. WHERE DID (I INJURY OCCUR? RED 21f. HOW DID INJURY 1972, to 1 1972, to 2 1973, to 2 1973, to 2 1973, to 2 1973, to 2 238. ADDRESS	n occur? 30, 193 the causes and on the causes are caused and on the causes are caused and on the causes and on the causes are caused and on the causes and on the causes are caused and on the cause are caused and on the cause are caused and on the cause are caused and on the caus	give exact location) 2) that I last saw the the date stated above. 23c. DATE SIGNED 2// 3-3 1, or county) (State)

UNFADING INK. Every item of information should be cally supplied. Physicians: please write the causes of death clearly and legical.

PLEASE WIE E PLA. I, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

53 1140

O	3 TETO		BALTIMOR		E OF DEATH	Registered	No.	
ВІ	RTH NO.		CER	TIFICATI	E OF DEATH			
	NAME OF DECEA	WALTER	ADELBERT	BROOK	S	of Jan.	30,	1953
	PLACE OF DEATH Baltimore City,				4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY		ion: residence before admission)
HC	FULL NAME OF OSPITAL OR STITUTION	•	al or institution, give	street address or location)		If outside or parate im	its, write	RURAL and give township)
	stitution 423	L Seidel	Avenue		Baltimore	10		to withing y
0	Length of stay is		Life	Yrs. Mos. Days	d. STREET ADDRESS (1) 4231 Seide			
5.	SEX 6.CC	W RACE	7. SINGLE, MARR WIDOWED, DIV	ORCED (Specify)	July 24, 1890	9. AGE (In years last birthday)	if Uniter 1 Ye Ionths Da	ays Hours Min.
werk	deneduring most of worki	TION (Give kind of ng life, even if retired)	Steel Mi	INDUSTRY	Baltimore, Mo			TIZEN OF HAT COUNTRY
	Machinist FATHER'S NAME		Steel Mi	11	14. MOTHER'S MAIDEN		1 ODA	
	Walter E.	Brooks			Laura V. Eng			
	. WAS DECEASED EVI , no or unknewn) (If	ER IN U.S. ARMED yes, give war er dates	FORCES? 16. SC ef service) 213	CURITY NO.	17. INFORMANT 3031 Mrs. Daisy H		DIFFES	s 13
ATION	(This does not inheart failure, ast injury or comp ANTE DISEASES OR RISE TO THE AE	R CONDITION DING TO DEAT mean the mode o thenia, etc. It mean lication which corrected the conditions. If the conditions, if the conditions is conditions to condition the condition that conditions are conditionally conditions are conditionally conditions.	H f dying, e. g., (ns the disease, aused death.) ES ANY, GIVING STATING THE DU ST.	A)	wreum.	a of you	1	
CERTIFICATION	TRIBUTING TO T	II FICANT CONDITED DE CONDITED DE CONDITION	TIONS CON-					
AL	19A. DATE OF OP	ERATION 1	9B. MAJOR FINDI	NGS OF OPER	RATION			O. AUTOPSY?
MEDICA	21A. ACCIDENT LYING OR COI CAUSE OF DEAT	NTRIBUTING	218. PLACE OF about heme, farm, factor			(If in Baltimore City,	give exa	ect location)
4	21D. TIME (Mont OF INJURY	h) (Day) (Year)	(Hour) 21E. INJ WHILE AT WORK	NOT WHILE		RY OCCUR?		
		n 4 Hy 29	ended the decease, 1953, and the	ed from N	rrell at 11:15Am., from 23B. ADDRESS	the causes and on	the date	I last saw the stated above. ATE SGNED
24 TI	4A. BURIAL, CREMA ON REMOVAL (Specify Durial	A- 24B. DATE 2/3/53		ME OF CEMETE	ry or CREMATORY 24D.	LOCATION (City, tow altimore, M		nty) (State)
D.	ATE RECEIVED BY	REGISTRAR'	S SIGNATURE	Bs Risk	HENRY SANDEGO	& sons, INC	ADDR	less
-	VS 150		0	54	42A	120 y 111	0	

5443A

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

20. AUTOPS (If in Baltimore City, give exact location) 31, 195 That I last saw the _m., from the causes and on the date stated above. 23C. DATE SIGNED Baltimore Md 25. FUNERAL DIRECTOR ADDRESS

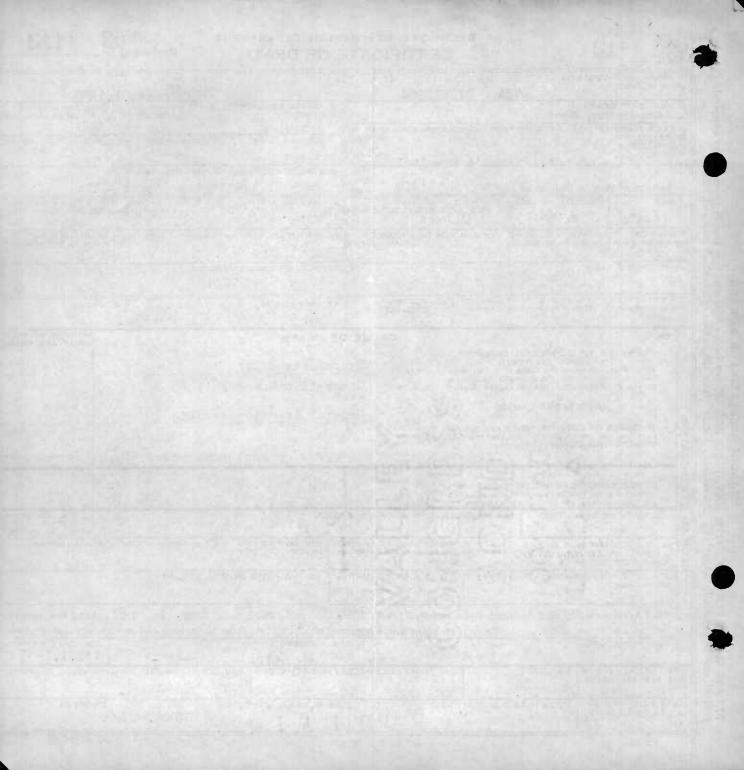
1111

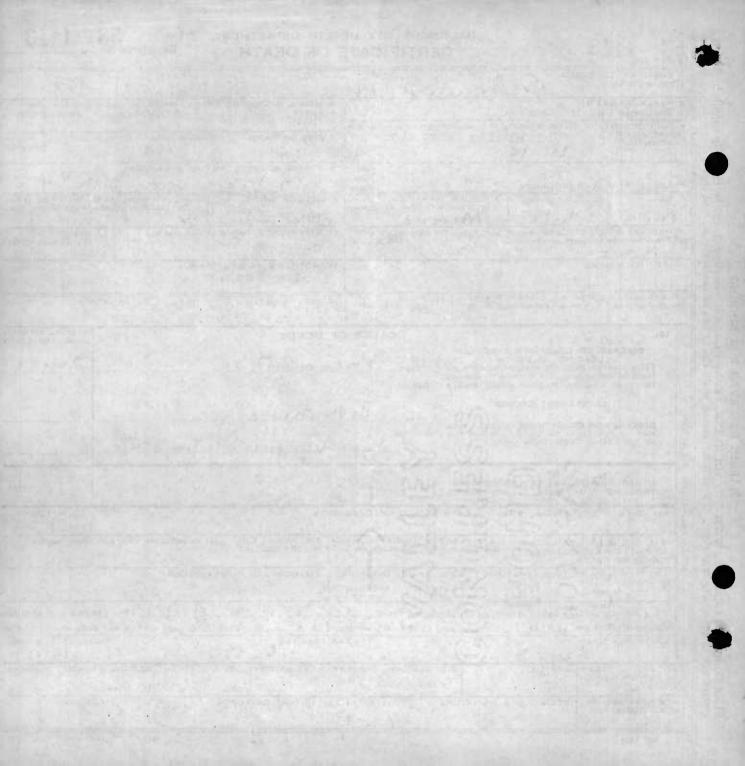
before admission)

If Under 24 Hours

	0	9
	be	7
	plnou	n g V
	S	וצק
-1-	nation	ath c
N	orn	do
ĮĮ.	inf	0
BIN	Jo	202
OR	tem	160 0
124	Y.	+
VED	Evel	arreito
MARGIN RESERVED FOR BINDING	I.A. WITH UNFADING INK. Every item of information should be c	9860
7	5	-
RGIL	ADIN	clans
MA	UNF	Physi
	Щ	
	WIT	rtant
4	K,	mno
	AI	1 12
	H	2

5	53 1112 BIRTH NO.	CERTIFICATE	OF DEATH	Registered No	1112
7	Il (Type or Print)	CHTER DICKI KINSON	NSON)	2. DATE OF	1057
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, If in B. COUNTY	astitution: residence before admission
lly s	HOSPITAL OR INSTITUTION St. Joseph's Ho	location)		coutside corporate limits	rite RURAL and give township
e ca legi	c. Length of stay in Baltimore	life Yrs. Mos. Days	D. STREET ADDRESS (If 2029 N. Washin		13
ld be		MARRIED, D, DIVORCED (Specify) Wed	Jan. 6. 1873	9. AGE (In years HU	nder 1 Year the Days Hours Min
on sho	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore Md.		12. CITIZEN OF WHAT COUNTRY
information shouls of death clearly	13. FATHER'S NAME Henry Hechter		14. MOTHER'S MAIDEN N. Lena Kreutze		V
of info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	Mr. Charles Wi 2029 N. Wash	lkinson ADI	DRESS
OING INK. Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Bro	onchopneumonia engestive Heart Fa meral Arterioscle		INTERVAL BETWEE
UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
K, WITH	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, far	FINDINGS OF OPER. CE OF INJURY (e. g., in m, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City, given	YES NO See exact location)
PLA1	21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY WH	TE. INJURY OCCURRE		Y OCCUR?	
n is esp	22. I hereby certify that I attended the d deceased alive on Feb. 1, 19 53, an 23A. SIGNATURE	nd that death occur	1. 26 1953, to red at 2:50a m., from to 38. ADDRESS 400 N. Caroline	he eauses and on the	that I last saw the date stated above 23c. DATE SIGNED F'eb.1.1953
PLEASE WI correct age i	TION, REMOVAL (Specify)	4c. Name of CEMETER Vestern Ceme	RY OR CREMATORY 24D. L	ocation (City, town, o timore Md.	





causes

the

INK.

UNFADING Physicians: p

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered

1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Jan. 30. ELIZABETH FLORENCE HARRISON 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits write RURAL and give C. CITY OR TOWN PINE RIDGE NURSING HOME Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. North Avenue c. Length of stay in Baltimore 2225 E. vears Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Dec. 22, 1873 Widow 10A. USUAL OCCUPATION (Glyckind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Housework home London, England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Maylyn William Press 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 2225 E. North Averese SECURITY NO. Albert E. Harrison none 18. 420.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK , 1947, to_ 30 . 19 3that I last saw the 22. I hereby certify that I attended the deceased from_ -36 30 , 1953, and that death occurred at 5 Am., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) burial Lorraine Park Cemetery Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

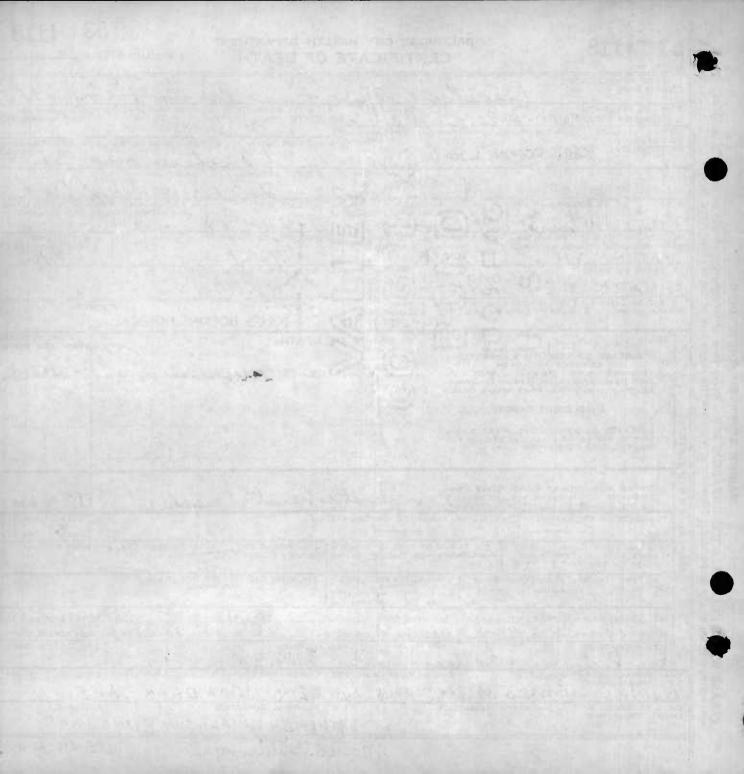
VS 150

4	1	520			
0	5		HEALTH DEPARTMENT	53	1116
200	В	RTH NO.	ATE OF DEATH	Registered No	
d. 1		NAME OF DECEASED ype or Print) RAYMOND D. OWING	S	2. DATE OF DEATH /-3/-	53
y supplied.		PLACE OF DEATH! Baltimore City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If institut	tion : residence before admission)
ns h	H	FULL NAME OF (If not in hospital or institution, give street addressed and continuous co		itside corporate limits, write	AURAL and give
	11	3435 Old Frederick Rd.	BALTIMON	e 7000) otownship
e ca legh.	Oc.	I was a second of the second	rs. D. STREET ADDRESS (If run los. 3435 Old Fre	ral, give lower on) edenic K Ro	
NDING information should be s of death clearly and l	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp. MARLIED)	ecify) JUNE 8, 1894	9. AGE (in years If Under I) last birthday) Months I	
shor		A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) INDUS			ITIZEN OF
tion h cl	13	SALES MAN	14. MOTHER'S MAIDEN NAM	W. c	S. A.
VG rma deat	1	VALLACE V. Owings	MARY DOAS	ey	
BINDING of inform uses of dea	15 (Ye	s. no or unknown) (If yes, give war or dates of service) SECURITY N	O. 17. INFORMANT	343 ADDRES	SS .
of of ises	_	No 217-03-720		N93 Oldfre	TERVAL BETWEEN
		18. 422.2 CAUS	SE OF DEATH		SET AND DEATH
# 5th		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Myocarde	lis !	Fran
RESERVED FINK. Every please write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	0		1
~ >	_	ANTECEDENT CAUSES			
RESE INK. please	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************
72	CAT	UNDERLYING CONDITION LAST. (C)			
RGI DI ian	ī.	TI THE RESERVE TO THE			
MARGIN NFADIN nysicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
55	ū	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	PERATION	1.2	20. AUTOPSY?
WITH rtant.	AL	0			YES NO
k, WITH	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office		in Baltimore City, give ex	act location)
	2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC		OCCUR?	
LA1 ially			ORK L	. 5. 65	
E PL		22. I hereby certify that I attended the deceased from		Cus 31, 1923, that	
S S		deceased alive on 31, 1953, and that death o	23B. ADDRESS	causes and on the dat	. DATE SIGNED
ge i		Tomous dolis M.O		talse a	17/23
ASE et a	T	44. BURIAL, CREMA- 248. DATE 24C. NAME OF CEN ON REMOVAL (Specify) 2-3-53	Thedral Car Pal	CATION (City, town, or cou	nty) (State)
PLEASE W	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR	25. FUNERAL DIRECTOR	0 0 -	RESS AVE
	-	FFB. 1023	M. J. Muman Pleh	wat 35/2 Fr	EGENION
		VS 150	9068		

5	3	512A		EALTH DEPARTMENT E OF DEATH	Registered No.	1117
I Pe	1. (T	NAME OF DECEASED ype or Print)	Dimps	lon	2. DATE OF DEATH AM - /	28-1953
lly supplied.	B. H	PLACE OF DEATH: Baltimore City, Maryland Balt. FULL NAME OF OFFITAL OR ISTITUTION TO HOS HOPKINS	stitution, give street address or location)		ere deceased lived. If inst B. COUNTY utside consorate limits w.	before admission)
e ca legh		Length of stay in Baltimore 29		DISTREE ADDRESS ANTI-	aral, girolocation) aralen	e At
ould be	21	rale Colored "	NGLE, MARRIED. IDOWED, DIVORCED (Specify) Married	May.12.	lagt bic day) Months	T Year If Under 24 Hours Days Hours Min.
VDING information should be ca	worl	done during most of working life, even if retired)	n General	11. BIRTHPLACE (State or for Charles Coun 14. MOTHER'S MAIDEN NAM	ty Md. U.	CITIZEN OF WHAT COUNTRY
BINDING of informatises of dea	15 (Ye	Henyr Simpson WAS DECEASED EVER IN U. S. ARMED FORCE , ao or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	Nettie 17. INFORMANT HOPKIN	Jackson ADDE S HOSPITAL	RESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of Physicians: please write the causes	ERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RESIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH OF	giving (B) (C) (C) (C) (C)	of DEATH more of Lu lument of mes	ne E Chestin ocardii	INTERVAL BETWEEN ONSET AND DEATH 7,
н.	AL C	19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
PLEASE W. E PLAIR, WITH correct age is especially important.			m. WHILE AT NOT WHILE AT WORK I the deceased from , and that death occur M. D. 24C. NAME OF CEMETE Mt Valver	2 INJURY OCCUR? 2 1F. HOW DID INJURY 2 1 19 2, to rred at m., from the 23B. ADDRESS 10 HOPKINS 12 24D. LO	, 19, the causes and on the composition (City, town, or composition).	rat I last saw the late stated above 3c. PATE SIGNED (State)
		VS 150 Relea	sed to hosp	tal 57099		7 -3

NOT A MEDICAL EXAMINER'S CASE

			E OF DEATH	Registered No.	1118
C. 3. A. B. HH IN 5. 100 World	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in OSPITAL OR ISTITUTION IOHNS HOPKINS Length of stay in Baltimore SEX 6. COLOR OR RACE 7. S A. USUAL OCCUPATION (Givekind of Idea and Indian March Hopking Info, even if retired) WATCHMAN B. FATHER'S NAME	Ilocation) HOSPITAL Yrs. Mos. Days INGLE. MARRIED, INDOWED, DIVORCED (Spelly) KIND OF BUSINESS OR INDUSTRY	A. USUAL RESIDENCE (Whe A. STATE C. CITY OR TOWN (If ou D. STREET ADDRESS (If rule of the control of the contr	To DEATH THE DEA	before admission
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES, no or unknown) 18. DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY,	CAUSE	17. INFORMANT OHNS HOPKIN OF DEATH Che premou	NS HOSPITAL	NTERVAL BETWEEN
L CERTIFIC	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS			· ase	15 years
MEDICAI	LYING OR CONTRIBUTING about CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK d the deceased from and that death occur	ED 21f. HOW DID INJURY C	causes and on the de	
D	ATE RECEIVED BY REGISTRAR'S SIG	SS ST. STANISLAU	RY OR CREMATORY 245. LOC IS CFM DUN 25. FUNERAL DIRECTOR STEPHEN FIALK	ATION (City, town, or eco	F
	MEDICAL CERTIFICATION	C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. S WATCH MA 13. FATHER'S NAME LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. DISEASES OR CONDITIONS, IF ANY, RISE TO THE DISEASE OR CONDITION LAST. UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DISEASE OR CONDITION CAUS IPA, DATE OF OPERATION 19B. M 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 12B. M 21D. TIME (Month) (Day) (Year) (How OF INJURY 22. I hereby certify that I attended deceased alive on 1923A. SIGNATURE 24A. BURIAL, CREMA- 194B. DATE TION, REMOVAL (Specify) BURIAL REGISTRAR ARGISTRAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	BIRTH NO. I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTITUTION IOHNS HOPKINS HOSPITAL Yrs., Mos., S. SEX G. COLOR OR RACE TO S. SEX G. COLOR OR RACE TO S. SINGLE, MARRIED, DAY IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN 13. FATHER'S NAME AFNARO EFRANK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, givo war or dates of service) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give affect address or Institution (If our Institution, give affect address or Institu	BIRTH NO. I. NAME OF DECEASED Control of the property of

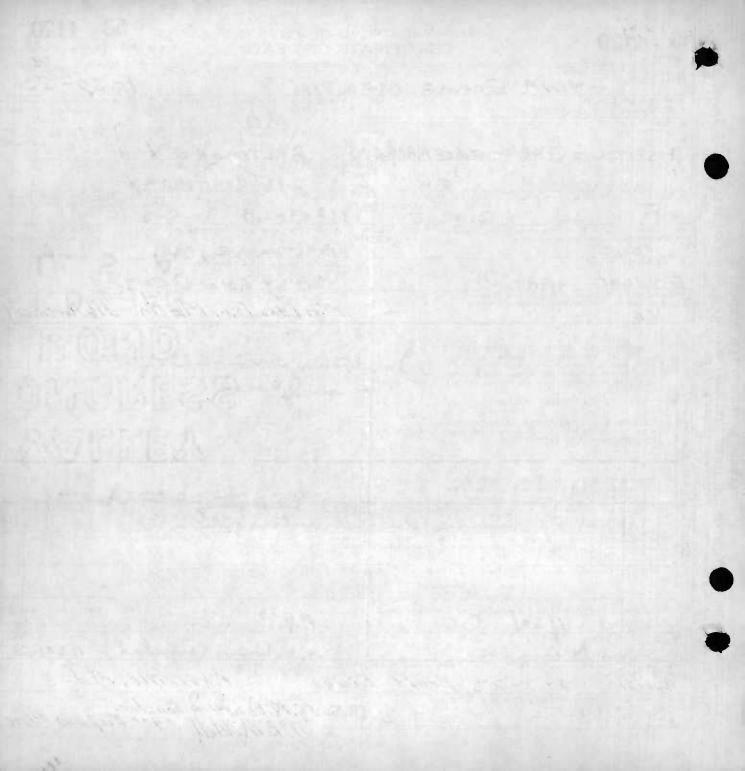


101	L	534 BALTIMORE CITY H	EALTH DEPARTMENT V	3 4440
-	BI		E OF DEATH Registered No	3 1119
d. T	1. (T	NAME OF DECEASED (ype or Print)	aller 2. DATE Tel	-11952
supplied.	Α.	Baltimore City, Maryland Outfel3	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution: residence before admission)
ly su	H	FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		write RURAL and give
	2	HOSPITAL	D. STREET ADDIESS (if rural, give location)	-40 township
be ca		. Length of stay in Baltimore Mos.	7405 amold d	11,
ld	5.	Temple 6. COLOR OR RACE 7. SINGLE, MARRIED. WILDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years last birthday) Mont	der I Year If Under 24 Hours In Hours Min.
on should clearly a	10 worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
ation th cl	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
information of death ch	15	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	CAROLYN LAVENDE	
of inferses of	(Ye	18, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL	DRESS
item of i		18. 754.3 CAUSE	OF DEATH	INTERVAL BETWEEN
20			mital lyanotic Heart Disease.	****
Ever write		injury or complication which caused death.)	unfil Ganotic Heart Wireaus.	
INK.	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	repriency. Pater Tiraner	J
4 0	CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	reale.	
MAKGIN UNFADING Physicians:	표	II		
JNF	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	AL (19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7
Y, WITH important.	DIC	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,		
imp,	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
LA		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
E PLA especiall		22. I hereby certify that I attended the deceased from deceased alive on 19, and that death occu	2 9 15 0 4 47	that I last saw the
13.		23A SIGNATURE Pulling by M.D.	23B. ADDINS HOPKINS HOSPITAL	23c. DATE SIGNED
	2. TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or	county)/ (State)
PLEASE correct ag	D.	RUKIAL 2-6-53	25. FUNERAL DIRECTOR	RIZOWA ADDRESS
F 00		FEB 2 1950 that the Sillium of	TONN O. MO TENERLY SONS IN	P
		VS 150	1900 EUTAU PARCE	

BALTIMORE CITY HEALTH DEPARTMENT

53 1120

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) LYDIA EMMA MAR	TIN 2. DATE OF DEATH -30-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ItOSPITAL FOR THE WOMEN OF MARKAYD YES.	D. STREET ADDRESS (If rural, give location)
c/Length of stay in Baltimore & 3 Mos.	216 NORTHWAY
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	BALTIMONE Md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	MARY ANN DENTRY
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mies Edna B.h. Martin 216 Northway
18. / 5 3 X . CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A DISEI AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Etay Versinamas A
injury or complication which caused death.) DUE TO	men Colon
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20, AUTOPSY7
5 1/22153 house, and aday . Od	enemations tologie (3) YES NO D
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRE OF INJURY	
m. WHILE AT NOT WHILE	
deceased alive on 130, 1953, and that death occur	red at 1.45 m., from the causes and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
M. D. 24A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (Gity, town, or county) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2-3-6-3 Aruid Ric	21 21 11
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
FEB2 1953 Thurtington Visibality My	Total V. MITCHEY & sons, inc.
100 150	11110 11 WHOW



John Q. Mitchell, Sons, Inc. - 1900 Eutaw Place

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) ANNA WARD WILSON Feb. 1. 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY beforeindmission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland none HOSPITAL OR (If outside corporate limits write RURAL and give Hillcrest Nursing Home C. CITY OR TOWN INSTITUTION township) 212 Stoney Run Lane Baltimore Yrs. o. STREET ADDRESS (If rural, give location) life Mos. 307 Hadley Square, West c. Length of stav in Baltimore Davs 5. SEX 9. AGE (In years) If Under I Year 6. COLOR OR RACE information should be 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) female white July 9, 1854 single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Baltimore, Md. U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dr. Henry Merryman Wilson Eliza Kelso Hollingsworth 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Charles K. Hann 3807 Hadley Square, West 18. 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE. WHILE AT AT WORK 1953, that I last saw the 22. I hereby certify that I attended the deceased from 1951, and that death occurred of 3 1 m., from the causes and on the date stated above. 23A. SIGNA 23B. ADDRESS 23c. DATE SIGNED PLEASE W correct age i 1403 Park Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY | 24c, LOCATION (City, town, or county) burial Loudon Park Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR VS 150

	F00
1	53 118
	BIRTH NO.
ed. T	1. NAME OF DEC (Type or Print)
supplied	3. PLACE OF DE.
ns	B. FULL NAME O

CERTIFICATE OF DEATH

legistered 53 1122

CEASED 2. DATE John Warder Janney OF DEATH ATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence ty, Maryland B. COUNTY. before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write IN RAL and give INSTITUTION Union Meminal Itosp Balkmore life Yrs. D. STREET ADDRESS (If rural, give landion) Rooce, Ballo - 12 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year H Under 24 Hours last birthday) Months: Days Huurs; Min. WIDOWED, DIVORCED (Specify) manyd 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) accountant INDUSTRY WHAT COUNTRY 13. FATHER'S NAME William Warder Ja 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. Same an ada 38 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL NO X (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in pr 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Jan 17 1953 to 1861 22. I hereby certify that I attended the deceased from. _, 19 3 that I last saw the , 19 53, and that death occurred at deceased alive on F.b. m., from the eauses and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA TION, REMOVAL (Specify 24B, DATE 24C NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) burial - 3 - 53 Pikesville, Md. Druid Ridge DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR John ρ. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

VS 150

VERTONIA (EU NO) ALII PURISHING ATLIA (I

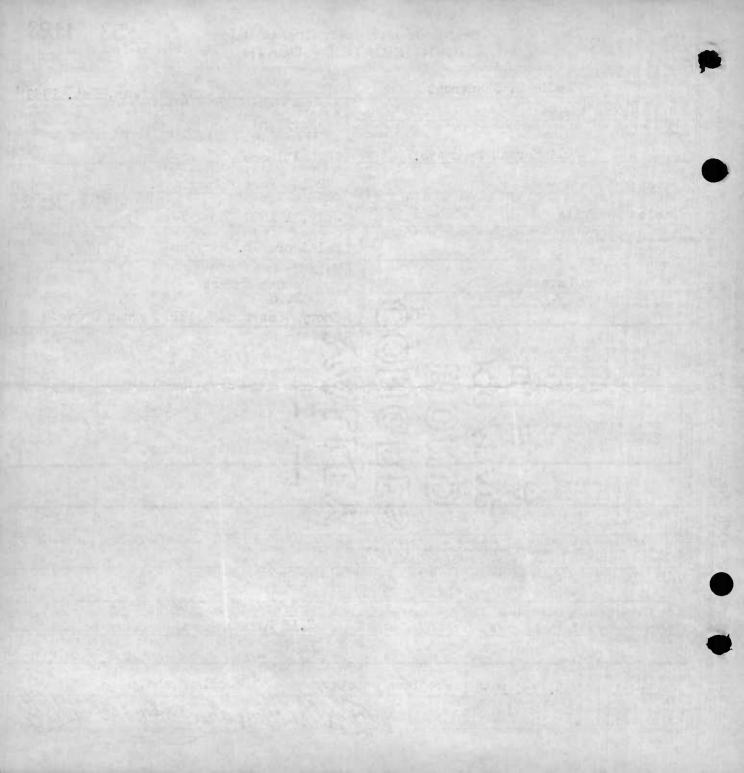
ully supplied. should clearly information Jo ses of the UNFADING Physicians: pl BALTIMORE CITY HEALTH DEPARTMENT
CERT!FICATE OF DEATH

53 1123

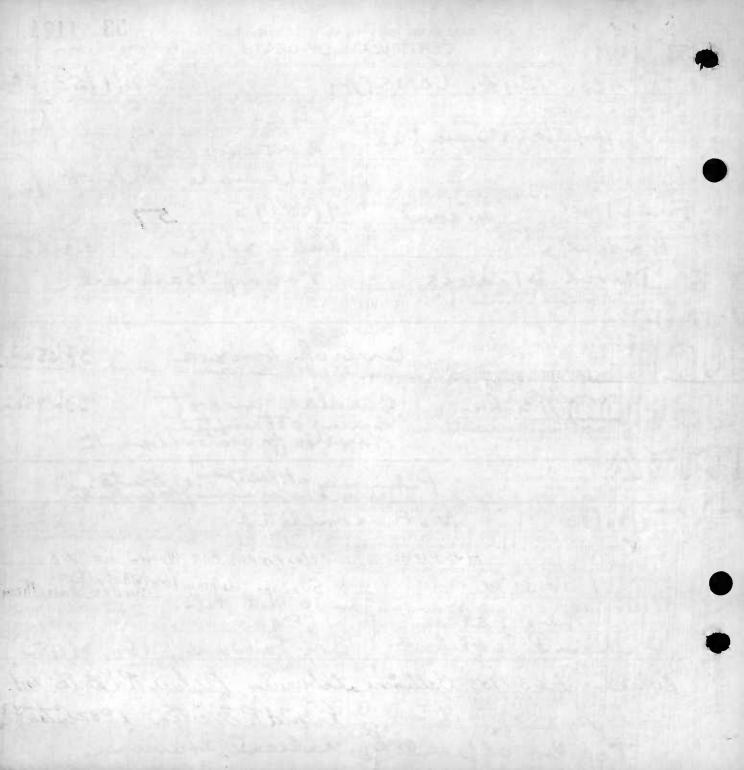
Registered No-1. NAME OF DECEASED 2. DATE (Type or Print) Ledie E. Cheuvront DEATH Jan. 31st. 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limit write RURAT, and give INSTITUTION township) 2014 Forest Park Ave. Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 2014 Forest Park Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE Un years If Under 1 Year H Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. White Female July.31 1880 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dane during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Co. Maryland At Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Devese Hannah Emmart 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, nn pr unknnwn) (If yes, give war pr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Emory Cheuvront 1919 Kernan Drive. 18. 723.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from I al. 1922, that I last saw the on 311, 19 5 and that death occurred at 2.15 Pm., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24c. NAME OF CEMETERY OR CREMATORY L Woodlawn Cemetery Woodlawn, Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

everles



53 1124 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BUTH NO. NAME OF DECEASED 2. DATE (Type or Print) IRMA. CONSTAY fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR HOLTE c. CITY OR TOWN . (If outside corporate limits, write RORAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | I Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE W. downd 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 12. CITIZEN OF work dopeduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? information of death cle it ouse wife 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g heart failure property of managed theath DUE TO DISEASES OR CONDITIONS, IF ANY GIVING UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OSPITAL Women HOSPITAL 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from 19 that I last saw the 1953. and that death Sccurred at 720 deceased alive on _m., from the causes and on the date stated above. 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION/(City, town, or county, DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS 150



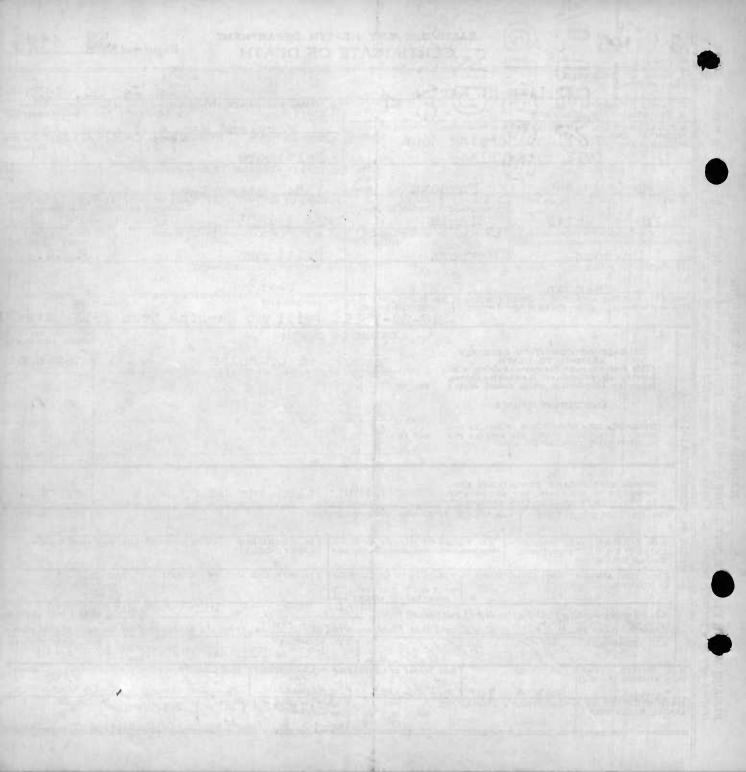
16	35
53	1125

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N 53 1125

BIRTH NO.							
1.	NAME OF D				2. DATE OF		
11		William	Н. На	artan		DEATH Jan	
3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	befor admission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		on the
H	SPITAL OR	Twilight N	ursing	Home location)		outside corporate limits,	vrite RORAL and give
		1913 Eutaw	Place		Baltimore		(township)
11/	21)			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
		tay in Baltimore	Unl	cnown Days	1224 Futaw Place 8. DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours		
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min.		
	Male White Single				Dec 4 1881 71 1 26		
No.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
		nown	Unkno		Baltimore		U.S.A.
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	1	Unknown			Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					17. INFORMANT	AD	DRESS
(10	o, no or murnown)	(vi host Brig Aut or date	- or sor 410e)	217-09-1556	A Twilight Nur		
18. 15 24 CAUSE OF DEATH							INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)				inoma of colon		sev mons
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						*****
	5. [1] 1 [1						
7	ANTECEDENT CAUSES						
ō		S OR CONDITIONS, I		G			*****
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-							
2			•	(C)		**************************************	
E	OTHER SIGNIFICANT CONDITIONS SON						
ER	III TRIBUTING TO THE CEATH, BUT NOT RELATED MELITULFILION SECONDERLY LO EL						sev mos.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION							20, AUTOPSY?
							YES NO E
DICA	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in				or 21c. WHERE DID (If in Baltimore City, give		
CAUSE OF DEATH							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?						
OF INJURY WHILE AT NOT WHILE							
	m. WORK AT WORK 10 52 Jan 30 133 About 1 host one						
	22. I hereby certify that I attended the deceased from 19, to , to , that I						that I last saw the
	deccased alive on Jan 29, 19 53 and that death occurred at 4:00 m., from the causes and on the da						23c. DATE SIGNED
	//	6 6/1/8	m II	(Fall M. O.)	2431 MARYLAND	AVENUE	1-31-53
2	4A. BURIAL	CREMA- 248. DATE		24C. NAME OF CEMETE		CATION (City, town, o	or county) (State)
TI	ON, REMOVAL (S	specify)	3054	Baltina	Prosetter No.	Thomas B	alligen
DATE RECEIVED BY REGISTRAR'S SIGNATURE.							
	OCAL REGIST		inctor:	l'Histor De	Jan 119/	June	
-	FER.	1474 . ,		19 - 12 1/ CAMPON ST. 19	David R. Martin	, 1902 Eut	aw Place



Gronary Thintons 20. AUTOPSY (If in Baltimore City, give exact location) . 31 , 193, that I last saw the m., from the causes and on the date stated above. 23c. PATE, SIGNED 24D. LOCATION (City, town, or county) Edmondson Avenue, Balto: Md. 25. FUNERAL DIRECTOR ADDRESS SORGE J.Ruth, Inc. -1735 Harford Tvenue

January 31,1953

12. CITIZEN OF

ADDRESS

before admission)

township)

te RURAL and give

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

. als read, autors analyzed in a serior comment of the serior of the serior Nigery and Committee of the Committee of

before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

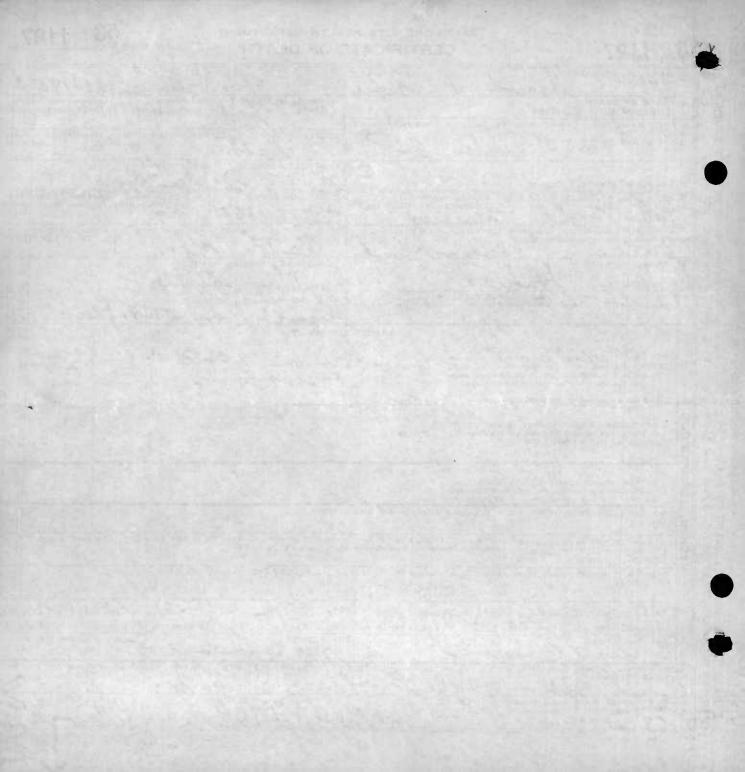
23C. DATE SIGNED

(State)

YES

DORESS

_township)



1	1-463
1	53 1128
4	BIRTH NO.
	1. NAME OF DECE (Type or Print)
	3. PLACE OF DEAT A. Baltimore City
	B. FULL NAME OF HOSPITAL OR INSTITUTION
	c. Length of stay
	5. SEX 6.
	10. 1101141 00011

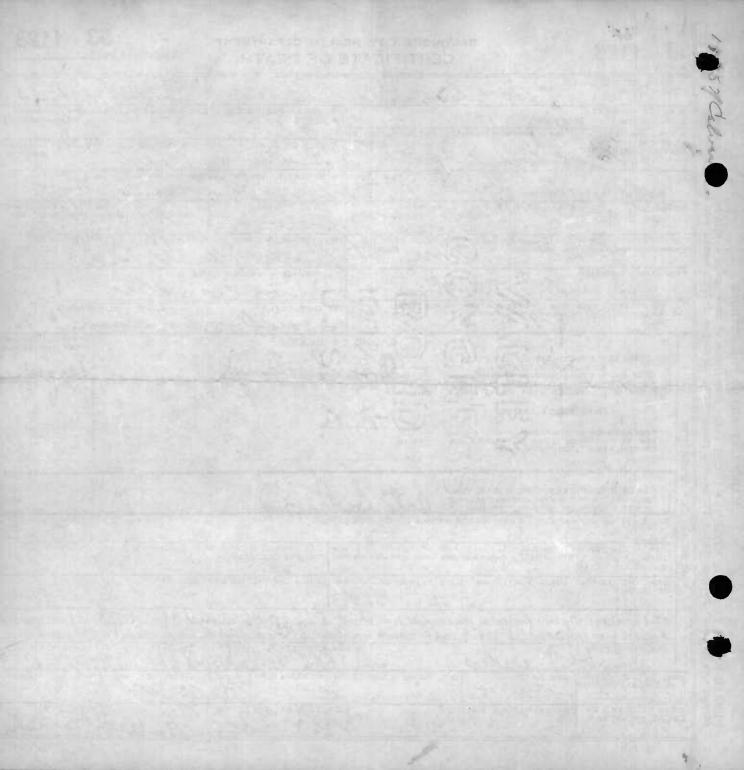
BALTIMORE CITY HEALTH DEPARTMENT

1128 Registered No.

	BI	RTH NO.	CHITCATE OF BEATH	
	(T)		Aler Willard	2. DATE OF DEATH VILL 1-1953
		PLACE OF DEATH: Baltimore City, Maryland	A. STATE	E (Where deceased lived, If institution residence B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, gives SPITAL OR STITUTION	ve street address or location) c. CITY OR TOWN	(If outside corporate limits, write IN RAL and give
	4	of spoances of	D. Allenni	(If rural, give location)
		Length of stay in Baltimore 40 1.	— Yrs. D. STREET ADDRESS Mos. Days //6 ///	morriety town
	5.	6. COLOR OR RACE 7. SINGLE, MAE	WORSED (Specify) UNIX 2 - 18	9. AGE (10-56/rs H Under I Year H Under 24 Heurs Il Under 24 Heurs Min.
	10. work	A. USUAL OCCUPATION (Give kind of done during most working life, even if retired)	SUSINESS OF 11. BIRTHPLACE (State	or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	13	FATHER'S NAME & ZVILLS	14. MOTHER'S MAIDE	n NAME Landler
	15 (Yes		SOCIAL SECURITY NO. W. INFORMANT	& Willard N .
		18. 526*	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Bronelicetasis	10 mends
		heart failure, asthenia, etc. It means the disease,	DUE TO	4.9
		ANTECEDENT CAUSES		
	NO.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B)	
	FICAT	UNDERLYING CONDITION LAST.		
	- 1		(C)	
	F	OTHER SIGNIFICANT CONDITIONS COM-	(6)	
	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Interior Perosis	
	FA	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Interior liveral	20. AUTOPSY?
	FA	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FIND	Interior Constant	YES NO
	FA	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, feet	DINGS OF OPERATION F INJURY (e. g., in or tory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
4	EDICAL CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, feet	DINGS OF OPERATION FINJURY (e. g., in or tory, street, office bidg., etc.) NJURY OCCUR? NJURY OCCURRED 21F. HOW DID IN	(If in Baltimore City, give exact location)
	EDICAL CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FIND 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, fact CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 7 WHILE A WORK 22. I hereby certify that I attended the decent	F INJURY (e. g., in or lory, street, office bidg., etc.) NJURY OCCURRED NOT WHILE AT WORK	(If in Baltimore City, give exact location)
4	EDICAL CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FIND 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, fact CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. II WHILE A WORK 22. I hereby certify that I attended the decead deceased glive on the condition of the condition	DINGS OF OPERATION F INJURY (e. g., in or tory, street, office bldg., etc.) NJURY OCCURRED NOT WHILE AT WORK 194 to	(If in Baltimore City, give exact location) JURY OCCUR? The causes and on the date stated above.
	EDICAL CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, fact CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE A WORK 22. I hereby certify that I attended the deced deceased glive on 23A. SIGNATURE	DINGS OF OPERATION F INJURY (e. g., in or tory, street, office bidg., etc.) NJURY OCCURRED NOT WHILE AT WORK 194 to	(If in Baltimore City, give exact location) JURY OCCUR? Juny OCCUR? A last saw the
	MEDICAL CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fact CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the decead deceased glive on the condition of the condits of the condition of the condition of the condition of the cond	DINGS OF OPERATION FINJURY (e. g., in or tory, street, office bldg., etc.) NJURY OCCURRED NOT WHILE AT WORK AT WORK 25B, ADDRESS M. D.	(If in Baltimore City, give exact location) JURY OCCUR? The causes and on the date stated above.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



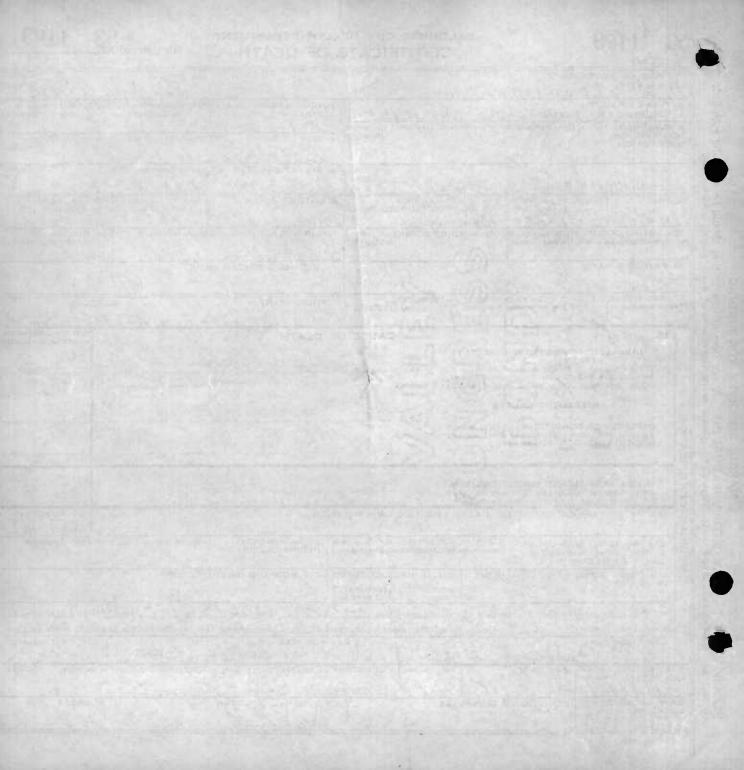
-	5.4	25
	BIRTH	NO.

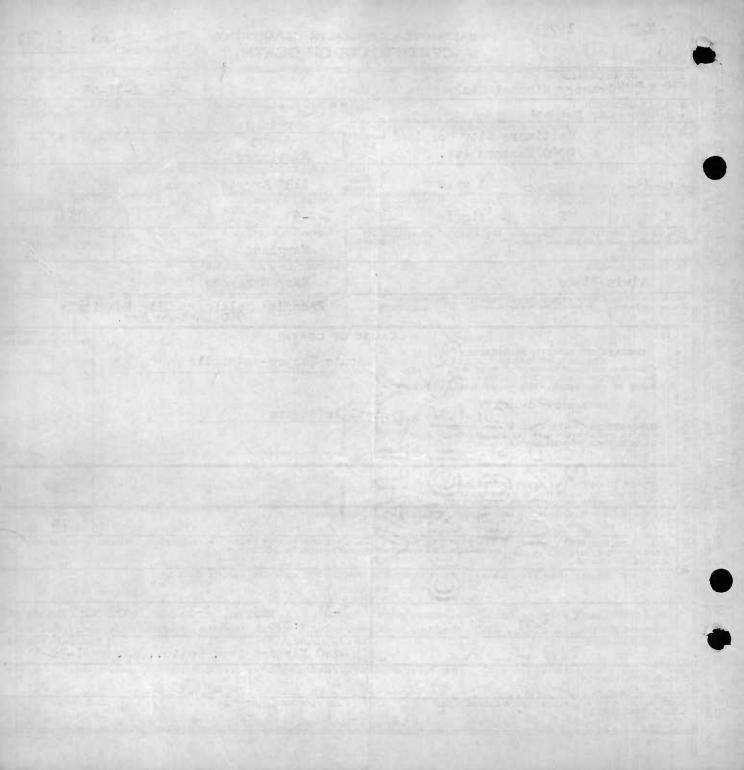
(State)

1	5		TIFICATE OF DEA		ed No. 1129
d. T	_	1. NAME OF DECEASED (Type or Print) LEWIS Garrison	West Stage of the	2. DATE OF DEATH	11 78 1952
supplied	A.	3. PLACE OF DEATH: A. Baltimore City, Maryland 2503 NeCu	A. STATE	SIDENCE (Where deceased live	
ılly sı	H	B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION	location) C. CITY OR AC	1.	limits, write RURAL and giv
egrany		c. Length of stay in Baltimore 36 Vrs	Yrs. D. STREET AL	DDRESS (If rural, give location	ny
ld be and I		5. SEX 6. COLOR OR RACE 7. SINGLE, MARI WIDOWED, DIV	ORCED (Specify)	11.71 6-	rs If Under 1 Year If Under 24 Hours Min
on should be	1C worl	OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)		CE(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
mation eath c	13	3. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	14.5.17
of information ises of death cl	15 (Ye		DCIAL TO THE TOTAL	7	ADDRESS
y item of the causes		18. 154×	CAUSE OF DEATH	La Darrison K	INTERVAL BETWEE
		heart failure, asthenia, etc. It means the disease,	(A) Carcinon	tory	3 ma
12		ANTECEDENT CAUSES	Cavinona	A Xxxm	
J INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DU UNDERLYING CONDITION LAST.	(B)	7	
UNFADING Physicians:	TIFICA		(C)	7	
UNFADING Physicians:	CERT	OTHER SIGNIFICANT CONDITIONS CON-	/ indexios en	580	
ы.	AL		NGS OF OPERATION		20. AUTOPSY?
Y, WITH	IEDIC,	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, facto	INJURY (e. g., in or 21C. WHEF	RE DID (If in Baltimore CCUR?	ity, give exact location)
À	2	OF INJURY WHILE AT	JURY OCCURRED 21F. HOW NOT WHILE AT WORK	DID INJURY OCCUR?	
E PL		22. I hereby certify that I attended the deceased deceased alive on 19 and th	ed from 1-15-1	953 to / , 1	9 5, that I last saw th
W is		23A. SIGNATURE	23B. ADDRESS	m., from the causes and a	23c. DATE SIGNED
ASE of	2.4 TIC	ION, REMOVAL (Specify)	ME OF CEMETERY OR CREMATO	17 11	own, or county) (State)
PLEASE correct a		DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL	0. 10	ADDRESS

VS 150

REGISTRAR'S SIGNATURE





L-	5	50 3 1131		EALTH DEPARTMENT	Registered N	3 1131
The		RTH NO.	CERTIFICATI	E OF DEATH		9
ed.	(T	NAME OF DECEASED YOUR OF Print)	k Lawso	n	OF DEATH - 2	9-1/5-3
supplied.	Α.	Baltimore City, Maryland		A. STATE	Where deceased lived. If i	nstitution: residence before admission)
should be can	H	FULL NAME OF (If hot'in hospital or in cospital or in the state of the	institution, give street address or location) HOSPITAL		outside corporate limit	write RURAL and give township)
	3	Length of stay in Baltimore	67 Yrs.	D. STREET ADDRESS	fural, give location)	St.
	5.	nale Colored 7.5	VIDOWED, DIVORCED (Specify)	8. PATE OF BIRTH 2-5-85		Under 1 Year If Under 24 Hours this Days Hours Min.
	worl	A. USUAL OCCUPATION (Give kind of 10B k done during most of morking life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for the state of th	oreign country)	12. CITIZEN OF WHAT COUNTRY
G matic eath	13	Hoalih Luns	Ment.	14. MOTHER'S MAIDEN N		V
of inforuses of d	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FOR (If yes, give war or dates of set	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT HO	OPKINS HOSPITAL	DRESS
R m		18. 493X DISEASE OR CONDITION DIRE	CTIV	OF DEATH		INTERVAL BETWEEN
T. C.		LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the	ng, e.g., (A) Pheul	mococcal Pne	eumonia	1 week
P.4		injury or complication which caused ANTECEDENT CAUSES	death.) DUE TO			
RESE INK. please	NO.	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT				***************************************
IN FING	CAT	UNDERLYING CONDITION LAST.				• • • • • • • • • • • • • • • • • • • •
MARGIN UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED ANDRES	cleratic Heart	Disease	years,
m .	L	19A. DATE OF OPERATION 19B. N	MAJOR FINDINGS OF OPER	•••••••••••••••••••••••••••••••••••••••		20. AUTOPSY?
Y, WITH important.	DICA		1B. PLACE OF INJURY (e. g., i		If in Baltimore City, g	YES NO Live exact location)
Y, mpo	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hou			Y OCCUR?	
LA		OF INJURY	m. WHILE AT NOT WHILE			
E PL especia		22. I hereby certify that I ottended deccased alive on 19	ed the deceased from /-	- 28 350 for from t	$\frac{1}{2}$, 1952 he causes and on th	, that I last saw the
		GLOGG G. Edwa	2	TORNS HOPKINS		23c. DATE SIGNED
SE W	2.	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	
PLEASE WI	10.1	ATE RECEIVED BY REGISTRAR'S SI	GNATURE 10	25. FUNERAL DIRECTOR	unne;	ADDRESS
	=	VS 150	7=11	poist de peros	2222 M. Mor	is on
	II		754	6/7		

LATITE OF ZERONDE AND THE **医原理性 经用证明证**证 P. Walley Commercial C E STREET

M	4	02	0
g	53	113	32

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1132

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) I. Clarence Meyers Jan. 31, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. Long Green Nursing Home location) C. CITY OR TOWN (If outside corporate limits write RUIAL and give township) 115 E. Melrose Ave., Baltimore D. STREET ADDRESS (If rural, give location) J- Yrs. Mos. c. Length of stay in Baltimore 113 B. St. Dunstans Road Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under I Year It Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Male White Widower Sept.26,1869 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Printing Business Falconer Md. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Meyers Harriett Cruser 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, up or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, uo or unknown) SECURITY NO. Mrs.Stanley M.Kriel 113 B.St.Dunstan no INTERVAL BENEEN 18. 1113X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. sm Left Femoral Centery - Ga OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WORK : 1943 to an . 31 1953 that I last saw the 22. I hereby certify that I attended the deceased from. Jan 30, 1953, and that death occurred at 1/,35 Am., from the causes and on the date stated above. deccased alive on_ 23A. SYGNATURE 23B. ADDRES6 23c./DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 2-3-1953 Loudon Park Baltimore. Md

Howard Strong

3207

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

116301 June St Mo 4331,

	1	ď
1		ľ
=		ì
7		ı
		ı
2		į
=		
5		
n S		
_		
3		
2	8	
_	le	
2	7	
3	1,n	
Ĭ	60	
2	÷	
2	ai	
=	le	
5	0	
7	th	
115	32	
Ξ	ğ	
3	¥.	
Ξ	0	
4	0	
9	us	
=	2	
3	0	
_	ř	
<u>ئ</u>	4	
U	te	
4	7	
	=	
i	36	
7	ದ	
=) je	
5		
Ž	33	
7	3.n	
7	3:5	
7	Si	
Z	Y	
5	P	
_	age is especially Important. Physicians: please write the causes of death clearly and legin.	
Ц	ئد	
Ξ	In	
>	+	
	OI	
ů	di	
	E	
4	A	
2	=	
j	ia	
4	ec	
7	ds	
	5	
3	EQ.	
7		
>	8	
=	a	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE (Type or Print) OF Mollie B. Ruhe Jan. 31. 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate minits, write RUKAL and give C. CITY OR TOWN INSTITUTION 3200 Presbury St. Baltimore 35 -- Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3200 Presbury St., c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. 6. COLOR OR RACE Nov.4,1865 Female White Widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HOUSE -WII 6 WHAT COUNTRY? INDUSTRY Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George F. Beitsch Catherine Klee 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Ruth E. Ruhe 3200 Presbury St. INTERVAL BETWEEN 18. 42211 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) advanced active selerans about ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION A 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WORK AT WORK

22. I hereby certify that I attended the deceased from the it 1922, that I last saw the deceased alive on 36, 19 33 and that death occurred at 10.45 m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE

2-3-1953 Burial Druid Ridge Pikesville. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

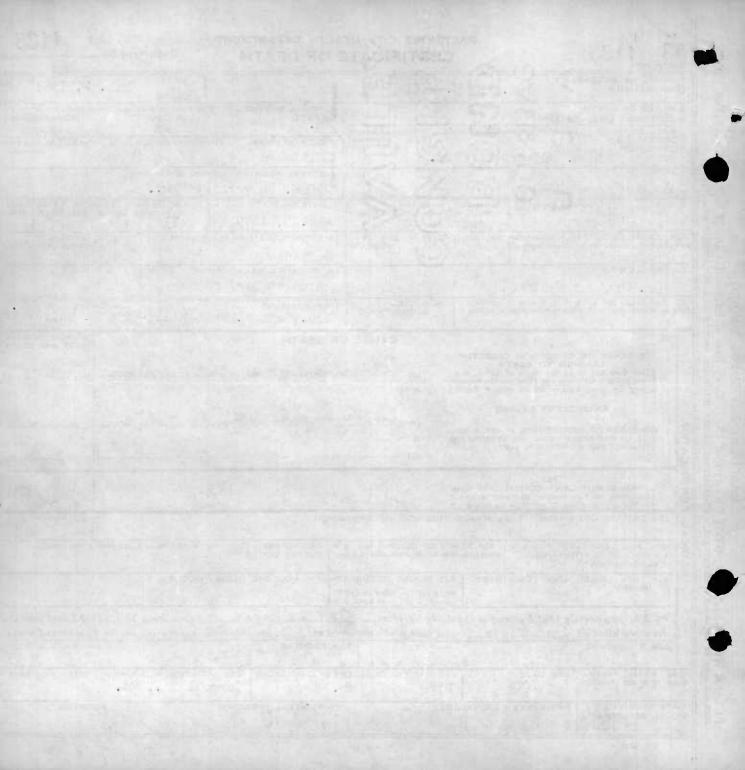
LOCAL REGISTRAR G. Howard-Strong 3207 W. North Ave., . .

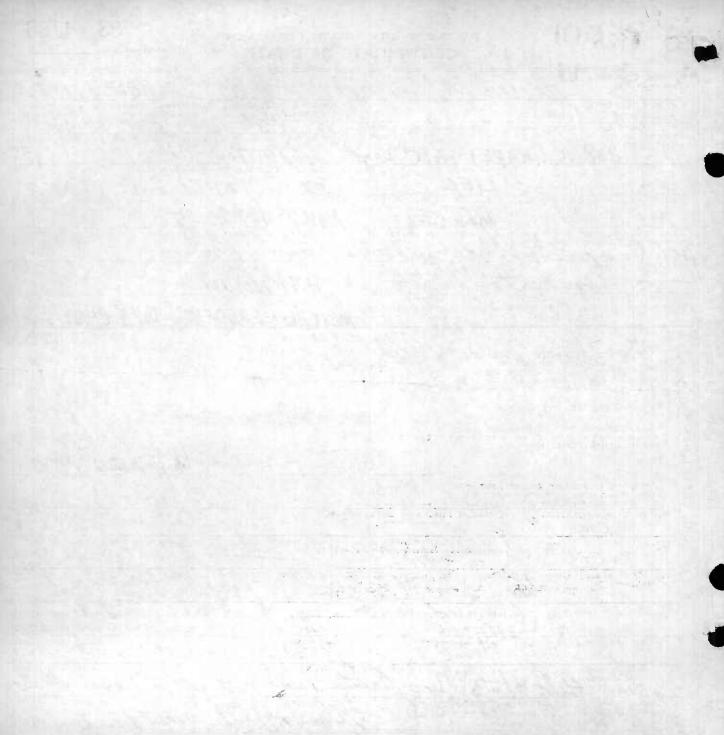
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 1135

	DECEASED Dr	TDATE	THE DESIGNATION		2. DATE	b 2 7052		
		· IRA E	. WHITEHILL		DEATH	b. 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution : residence before dmission			
B. FULL NAME		tal or institut	ion, give street address or location)		f outside corporate am	its, write RURAL and gi		
230 E. University Pkwy.			Baltimore	11 160	townshi			
80		BIE	Yrs. Mos.	D. STREET ADDRESS (I				
c. Length of	stay in Baltimore	L 2 211/21	Days	230 E. Univers				
male	white	marr	E, MARRIED. PED, DIVORCED (Specify) Pied	8. DATE OF BIRTH Apr. 6, 1879	9. AGE (in years last birthday) M	If Under 1 Year If Under 24 Ho Ionths: Days Hours Mi		
10A. USUAL O work done during mos physic	CCUPATION (Give kind of t of working life, even if retired) CLAN	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTR		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	IAME			
	ximus Whitehi			Margaret Engle				
15. WAS DECEA (Yes, no or unknown	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Sara M. W	nitehill - 23	ADDRESS Pkwy.		
18. 142	1. 12 12 -1 A 2	box	CAUSE	OF DEATH		INTERVAL BETWEE		
DISEASE OR CONDITION DIRECTLY								
(This do	LEADING TO DEA	of dying, e. g	(A) Cho	manyacand	al forlus	3-2		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUS	SES	a d.	0	1 -115			
Z DISEASI	S OR CONDITIONS, I	F ANY, GIVIN	G (B)	mosele on	heart de le	el d'y		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
0			(C)		***************************************			
OTHER SIGNIFICANT CONDITIONS CON-			(
H TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	D /). U.O	tes malli	tu	lour.		
			FINDINGS OF OPER	ATION	- in	20. AUTOPSY?		
<u> </u>						YES NO		
= 21A. ACCI	DENT WAS UNDERDER CONTRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	a or 21c. WHERE DID	(If in Baltimore City,	give exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE							
	m. WORK AT WORK							
22. I here	by certify that I at		accomon from	4 4 4				
		- A 175	and that death occur	red at 6 John., from	the causes and on 1			
	rlive on Fel-1	- A 175	and that death occur	red at somm., from 3B. ADDRESS		the date stated abou		
deceased (23A. SIGN	ative on February TURE The	<u>, 1953.</u>	M.D. 2	3B. ADDRESS	+,	Fell KS		
deceased (23A. SIGN	ATURE FALL DATE	, 1953,	M. D.	3B. ADDRESS IN	LOCATION (City, town	23c. DATE SIGNE		
23A. SIGN. 24A. BURIAL, TION. REMOVAL-	ATURE PARTIES AND ATE Specify) 2 14/53	_, 19 <i>53</i> .	M.D. 2 24C. NAME OF CEMETE Pipe Creek Cen	3B. ADDRESS RY OF CREMATORY 24D. I	+,	23C. DATE SIGNE 1., or county) (State		
deceased (23A. SIGN	CREMA- 248. DATE Specify) 2 11/53 ED BY REGISTRAR	s signatu	M.D. 2 24C. NAME OF CEMETE Pipe Creek Cen	3B. ADDRESS IN	LOCATION (City, town	23c. DATE SIGNE		
deceased of 23A. SIGN. 24A. BURIAL, TION. REMOVAL- BURIAL DATE RECEIV	CREMA- 248. DATE Specify) 2 11/53 ED BY REGISTRAR	_, 19 <i>53</i> .	M.D. 24C. NAME OF CEMETE Pipe Creek Cen	3B. ADDRESS RY OR CREMATORY 240. I Cam 25 FUNERAL DIRECTOR	LOCATION (City, town	23C. DATE SIGNE		





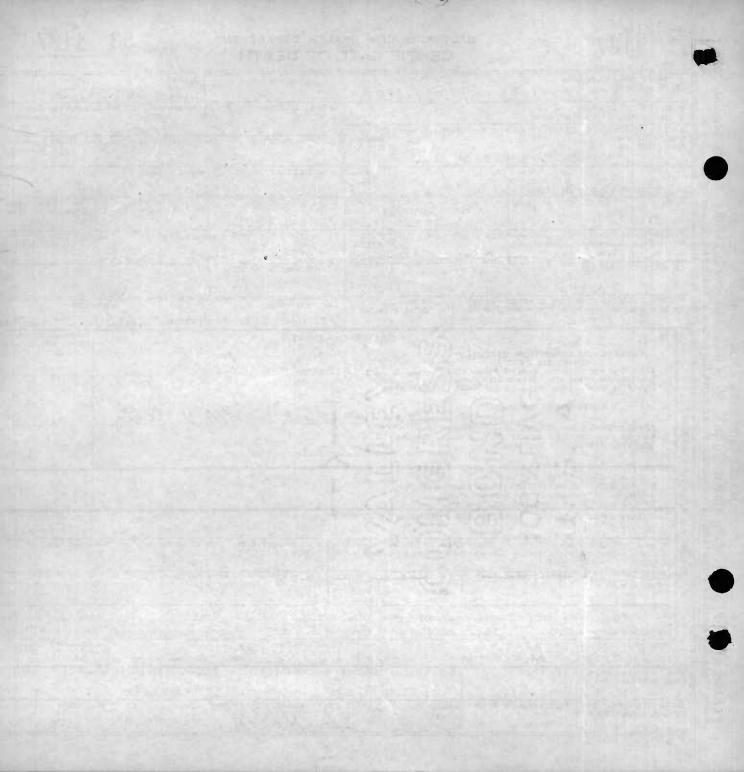
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 1137

9	DIRTH NO. CERTIFICATE OF DEATH Registered No.							
	1.	NAME OF DECEA					2. DATE OF T	
				is P.V	V. Fowler		DEATH JE	
		PLACE OF DEATH Baltimore City,				4. USUAL RESIDENCE A. STATE	(Where deceased lived.	before admission)
	В.	FULL NAME OF		al or institut	ion, give street address or	Md.	~ A	13)
	HC	SPITAL OR . STITUTION			location)	C. CITY OR TOWN	(If outside corporate in	mits, white RURAL and give
		6	13 S. Be:	ntalou	st.	Balto.		township)
	1)				Yrs.	D. STREET ADDRESS	(If rural, give location)	
2	C.	Length of stay i	n Baltimore	Tife	Mos. Davs	613 S. Ben	talou St.	
	5.	SEX 6.C	OLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
1		M.	W.		ved, divorced (Specify)	Jan 25,1872	81	Months Days Hours Min.
212	10.	A. USUAL OCCUPA	ATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State o		12. CITIZEN OF
	work	done during most of work		1// 0.200	INDUSTRY	Balto.		WHAT COUNTRY?
1	13	Carper FATHER'S NAME		Morg	an Millwork	14. MOTHER'S MAIDEN	NAME	
200								
3	16	. WAS DECEASED EV			140.00000	Unkno	Wn	
5	(Yes	, no or unknown) (If	yos, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
200						Mrs Gertrude	Trabert, 6	13 S.Bentalor
3		18. 4.43X	Carlo and		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
١			R CONDITION			0	_ / ,	
		(This does not	DING TO DEA	f dying, e. s	B., (A) 141	many a	Edul	
3		injury or comp	thenia, etc. It mea dication which c	ns the diseas aused death	e, a.) DUE TO			
			ECEDENT CAUS		11/-		2 11	11
	7	ANTI	ECEDENT CAUS	563	Hores	lucus ind	10 Jascul	
100	Ö	DISEASES OR	CONDITIONS, 1	F ANY, GIVIN	NG PUE TO	**************************************		7
-	AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
CAL	일				(C)grap			***************************************
1	E							
2	띥	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
-	Ū		E OR CONDITION			DINCS OF OPERATION		
,	4	19A. DATE OF OF	PERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Corr	U	21A. ACCIDENT	WAS III	210 01	ACE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
	EDICAL	LYING OR CO	NTRIBUTING	about home,	farm, factory, street, office bldg.,	NJURY OCCUR?	(11 III Daiminore Ort	y, give exact location)
1	ME	CAUSE OF DEAT		1				
		21D. TIME (Mont	h) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
2		DELLE .		m.	WHILE AT NOT WHATE		0	
2		22. I hereby cer	ctiff that I at	ended the	deceased from	M 1 , 1953, to	My 31 . 19	that I last saw the
de		deceased alive	1 70 - 1		and that death becur	1. 1.00		the date stated above.
0		23A. STENATURE		-		3B. ADDRESS	· · · · · · · · · · · · · · · · · · ·	286. PATE SIGNED
7		lushes	M. Ekel	ecs	M. D.	451 Wilken	an	756251
20	24	A. BURIAL, CREM	A. 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D	. LOCATION (City, to	wn, or county) (State)
2	110	Burial	Feb.3/	53	Druid Rid	8.6	Pikesville	Md.
2		TE RECEIVED BY				25. FUNERAL DIRECTA	RA	ADDRESS
3		CAL REGISTRAR	-H-1	1	14.30	76 VIFH	401 Edmon	dson Ave
	2000	1 1 h	- June	in ton "	V 2 1 R P 1 Am 1 10 0	Joury 17. Wiske	1	CO OII WAG

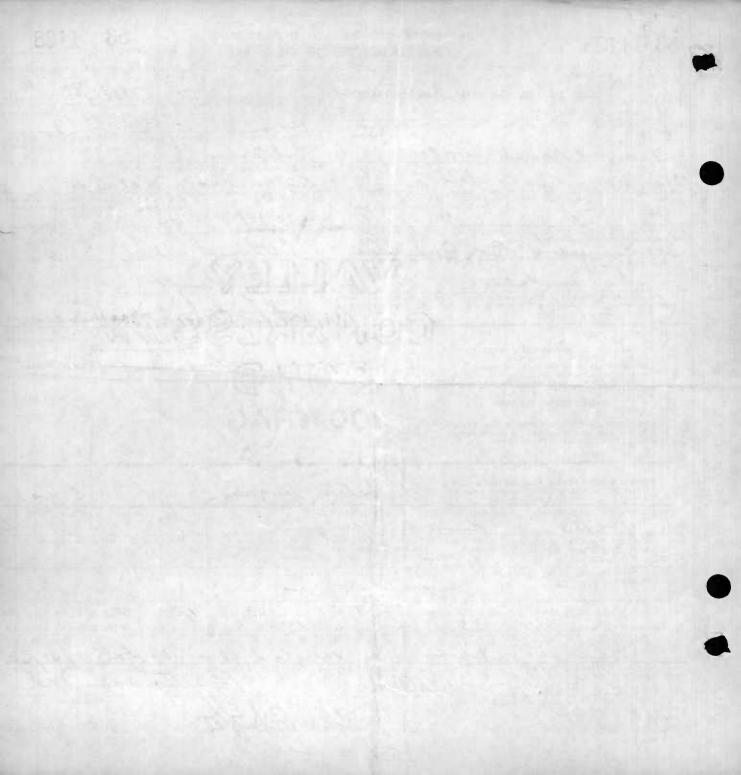
Every item of information should be cally supplied, write the causes of death clearly and lee. MARGIN RESERVED FOR BINDING PLEASE WI E PLA X, WITH UNFADING INK.

- VS 150



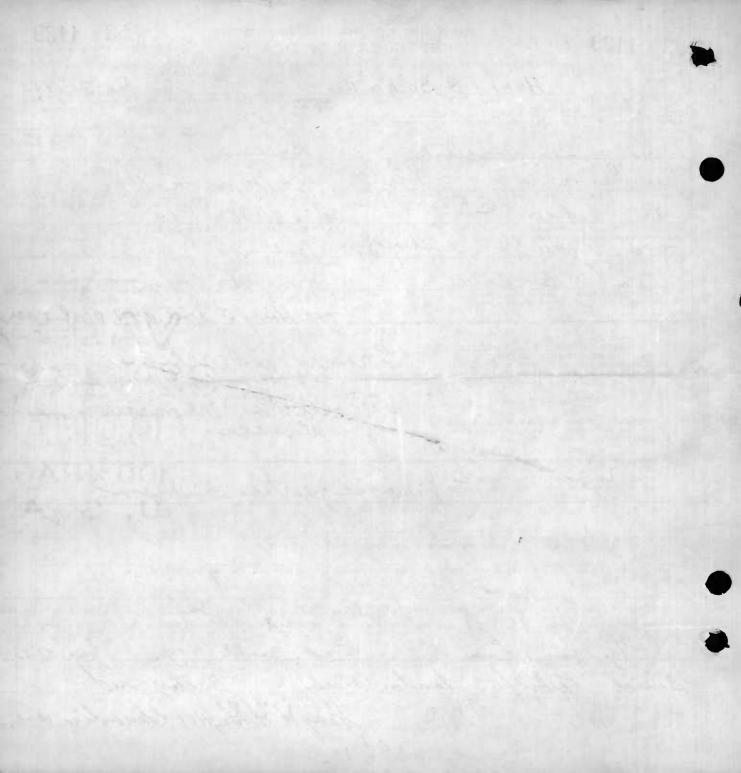
11 1	361	38		
- 1	76/ 31/20	HEALTH DEPARTMENT	53	1138
	IRTH NO.	TE OF DEATH	Registered No.	
	Type or Print) John hours Lauterbo	och	2. DATE OF DEATH 1/3/	153
	. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		ntution : residence before admission
	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR locatio		701	7 -7
11	In a land General Hornotal	c. CITY OR TOWN (If	outside orpor ite limits, w	rite RURAL and giv township
IL	Lile Yrs		rural, give location)	2 4 4 4
C 5	Length of stay in Baltimore Day SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		don mill 1	2 4 7
	M WIDOWED, DIVORCED (Speci	(y) July 10 1889	9. AGE (In years Month	n 1 Year If Under 24 Hours S Days Hours Min
wor	A. USUAL OCCUPATION (Give kind of loos during most of working life, even if retired)	YI. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	U.J.
	John Lautuback	Emma &	wift	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	27. INFORMANT	/ ADD	RESS
		Mr. Jack nauter	back, 7300 W	indsor
	18. 260 X CAUSE	OF GEATH	mill Rd.	DNSET AND DEAT
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	oronay ouls	<u></u>	10 min
	injury or complication which caused death.) DUE TO			
11	ANTECEDENT CAUSES (B)			
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TD			
ICA	UNDERLYING CONDITION LAST. (C)			
CERTIFICAT	OTHER SIGNIFICANT CONDITIONS CDN.			
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tie gargeene		5 400.
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OF	, io or 21c. WHERE DID (II	f in Baltimore City, give	exact location)
MEL	LYING OR CONTRIBUTING about home, ferm, factory, atreet, office bide	g.,etc.) INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY		OCCUR?	
	m. WHILE AT NOT WHIL	к	/-	
	22. I hereby certify that I attended the deceased from deceased alive on 181, 1953, and that death occ	/27 , 1953, to urred at /20 P.m., from th	re causes and on the	hat I last saw th
	23A. SISNATURE	23B. ADDRESS		3c. DATE SIGNED
24	4A. BUNIAL CREMA- 24B. DATE / 24C. NAMESOF CEMET	TERY OR CREMATORY 240-00	OCATION (City, town, or o	1/31/53 county (State)
	Darial Feb. 7, 1953 Western	19	altemore	Med.
D,	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AL	DRESS
	FER 2-10 1 Turtington P. Haron M.	farigh Mile	1101 Edmonds	on Ave
	VS 150	017		
	2-9	- 60/		

MARGIN RESERVED FOR BINDING



2		254	39
9	5	3 1139 CERTIFICATE	
i. 17		NAME OF DECEASED Henry G. Bockmille	2. DATE OF 1 2. 10 5?
supplied		Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	H	I. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
fully y.		11 //	o. STREET ADDRESS (If rural, give location)
be ld ld			B. DATE OF BIRTH 9. AGE (In years) II Under I Year II Under 24 Hours
should be	10	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	last birthday) Months Days Hours Min. 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ion sl	#0I	The State of Tree States	Ballimore Brusian
information is of death cle	13	3. FATHER'S NAME Bockmills	Mary A. Litan
f info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (e., no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
em of causes		18. 420.1 CAUSE OF	F DEATH INTERIAL BETWEEN ONSET AND OBATH
Every item vrite the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ary infarction odays
Ever write		injury or complication which caused death.) OUE TO	al time!
INK	TION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	disease
NING ans:	<	ONDERETHING CONDITION EAST.	
UNFADING Physicians:	ERTIFIC		; aortic aneurysm
H .	7	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERAT	ZO. AUTOPSY?
WITH ortant.	DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or	
impo	ME	CAUSE OF DEATH	21F. HOW DID INJURY OCCUR?
PL		m. WHILE AT NOT WHILE TO WORK AT WORK	
TE P		22. I hereby certify that I attended the deceased from deceased alive on Jan. 3/, 1953. and that death occurre	ed at 2.6. Am., from the causes and on the date stated above
age a	2	Se-sin Lin M.O. 7	B. ADDRESS M. General Hosp 23c. Date SIGNED YOR CHEMATORY 24c. LOCATION (City, town, of country) (State)
PLEASE correct ag	TI	Burial Feb. 3/53 London Pa	Pacto ma (State)
PLI	D. C.	OCAL REGISTRAR SIGNATURE	asse H. Wills 4/0/ Edwardson ove
		VS 150	6
		11 18	

MARGIN RESERVED FOR BINDING



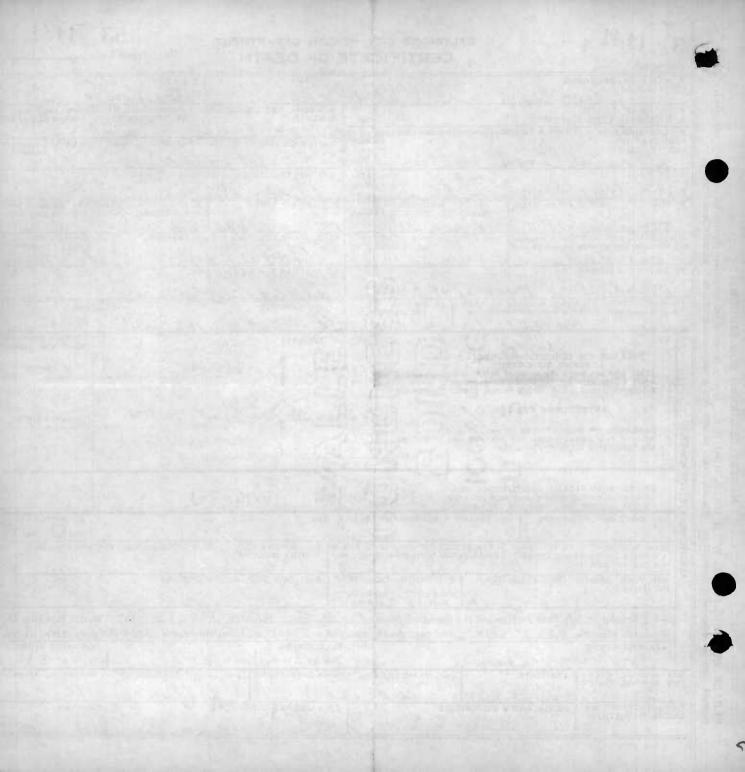
If Under 24 Hours

PLEASE

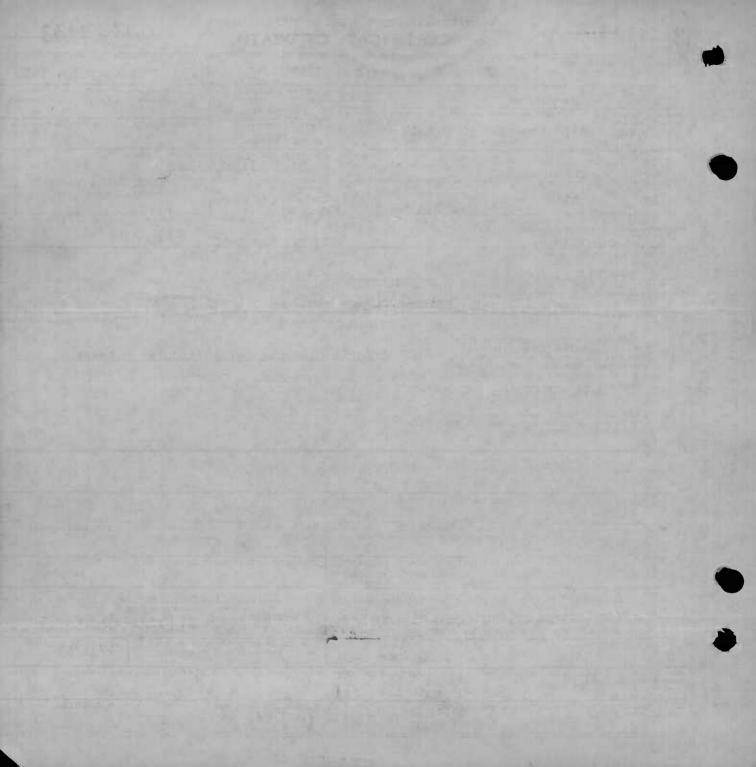
VS 150

AND AND MAKEN The state of the s

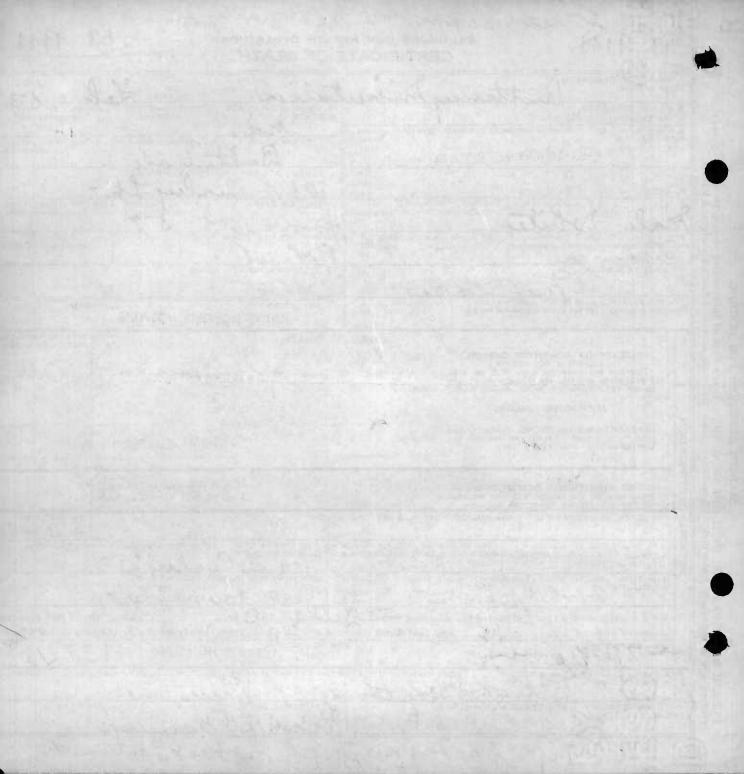
11-	14	300				
Y	.3	1141	BALTIMORE CITY HE	ALTH DEPARTMENT		1141
Th.	ВІ	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
ed. 1		NAME OF DECEASED JURG	ENCE Etta	VAETH	2. DATE OF DEATH NAMY A	RV 3/1953
lly supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	institution, give street address or	4. USUAL RESIDENCE (What A. STATE	cre deceased lived. If insti B. COUNTY	tution: residence before admission)
lly s	H	DSPITAL OR	location)	C. CITY OR YOWN (If or	itside corporate limits, wr	ite RURAL and give
	0	112 WILLARD	Yrs.		ral, give location)	- O 14
be cg		Length of stay in Baltimore SEX 6. COLOR OR RACE 7.	Mos. Days	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year If Under 24 Hours
ould by an	1	EMALE White	WIDOWED, DIVORCED (Specify)	MEb. 21, 1898	last birthday) Months	
VDING information should be ca ; of death clearly and leg	worl	A. USUAL OCCUPATION (Give kind of a dooe during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY!
r natio	13	FATHER'S NAME	4 · V	14. MOTHER'S MAIDEN NAM	IE /	0.11.
DING nform of de	15	WAS DECEASED EVER IN U. S. ARMED FOI s, no or unknown) (If yes, give war or dates of se	NS/PIC/ER RCES? 16. SOCIAL	17 INFORMANT	Ldon	ESS
R BINDING em of inform causes of dea	(10	No NONE	SECURITY NO. Non E	GEO. VAETh	112 WILLAR	1 st.
Ean Ean		18. 420.0 I DISEASE OR CONDITION DIRE		OF DEATH		INTERVAL BETWEEN ONSET ANO DEATH
the H		LEADING TO DEATH (This does not mean the mode of dy heart failure, asthonia, etc. It means th	ne disease,	eary occlusion	ч	48 14ms
03		injury or complication which cause		juscherote had	- Arine	10
RESEI INK.	NO	DISEASES OR CONDITIONS, IF AN	Y, GIVING	Juscian him	Justi 4	uncum
75	CAT	UNDERLYING CONDITION LAST.				***************************************
MARGIN NFADINC	RTIFI	II OTHER SIGNIFICANT CONDITION	NS CON-			
M. UNI Phys	CEF	TRIBUTING TO THE CEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED KLENMO	trul Arthriti	ڬ	2 Brows
Ht.	CAL	19a. DATE OF OPERATION	MAJOR FINDINGS OF OPER	ATION		YES NO
Y, WITH	EDI		21B. PLACE OF INJURY (e. g., in out bome, farm, factory, street, office bldg., e		in Baltimore City, give	exact iocation)
	Σ	210. TIME (Month) (Day) (Year) (Horof INJURY	ur) 21E. INJURY OCCURRE		OCCUR?	ALIN NO.
E PLA especially		22. I hereby certify that I attend	m. WORK LAT WORK L		N 31 1053 +2	at I last saw the
espe		deceased alive on 1 47 30 19	953. and that death occur	red at 7:36F.m., from the	causes and on the d	ate stated above.
WI ye is		23A. SIGNATURE PACE	м. о.	38. ADDRESS 206 S- Gilma H	. 2	COLDATE SIGNED
ASE ct ag	TI	AA. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE	ERN BA	CATION (City, town, or co	ounty) (State)
PLEASE WI	DL		IGNATURE.	25 FUNERAL DIRECTOR	AD AD	DRESS
		VS 150	con the must hel	DEO. L. JChwab &	101 MREDERI	CK AUE.
			124	A Fire		



1142 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ally supplied. 52 NCIS DEATH 3. PLACE OF DEATH: Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) OR TOWN (If outside eorporate limits, write RURAL and give C. CITY INSTITUTION · LOM BARD D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore IMORE early and I 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY information ELIRED-1 AILDE BURNIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ONIBARD Jo INTERVAL BETWEEN item 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Csscinomatosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY colostomy Loca 21c. WHERE DID 214. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK WORK 1963 that I last saw the 22. I hereby certify that I attended the deceased from_ 19_ 1953, and that death occurred at & deceased alive on_ A.m., from the causes and on the date stated above. 23A. SJGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE W 24A. BUR AL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or eounty) (State) YJURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR vs tso



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived, if institution: Jesi A. STATE B. COUNTY before a A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location If outside corporate limits, write RURAL and give C. CITY OR INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS Mos. c. Length of stav in Baltimore Davs on should be clearly and l 6. COLOR OR RACE AGE in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. 7. SINGLE, MARRIED DATE OF BIRTH WIDOWED, DIVORCED (Specify) UAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country 12. CITIZEN OF during most of working life, even if retired) INDUSTR WHAT COUNTRY? 13, FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN 17. INFORMANT (If yos, give war or dates of service) (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL causes INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CERTIFICATION APPROVED UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CHIEF OR ASST. MEDICAL EXAMINER Ы TO THE DISEASE DR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from. 1913 to. _, 19___, that I last saw the .. and that death occurred at// P.m., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23A. SIGNATURE JOHNS HOPKINS HOSPITAL A. BURIAL, CREMA-N. REMOVAL (Specify) 24C NAME OF CEMETERY DR CREMATORY 240 LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S ADDRESS LOCAL REGISTRAR



The state of the s

A TOO IN THE PARTY OF THE PARTY The second secon (Type or Print)

lly supplied.

information should be of death clearly and l

of item

CERTIFICATION

UNFADING Physicians: p

PLEASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs. Mos.

Days

1147

Registered No.

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

1. NAME OF DECEASED John Henry Kane

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital location) INSTITUTION 4940 Eastern Ave.

c. Length of stay in Baltimore 46 yrs. 6. COLOR OR RACE 7. SINGLE, MARRIED.

WIDOWED, DIVORCED (Specify) M 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Marine Elec.Welding

Boat Captain 13. FATHER'S NAME

18. 002 X

John Kane (dec.) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO.

2-2-53 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. STATE before admission) Maryland (If outside corporate limits, write RURAL and give

OF

2. DATE

C. CITY OR TOWN Baltimore

D. STREET ADDRESS (If rura 318 long of e St. 84

Sept. 11.1906

Baltimore City Hospital, 4940 Eastern Ave. 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | If Under 24 Hours | last_birthday | Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country) Maryland

14. MOTHER'S MAIDEN NAME

Margaret Metchel+fdec+) *Hettchen

Fibro Caseous pulmonary Tuberculosis

RECHTOSMANT Baltimore City Hospital, 4940 Eastern Ave.

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

DUE TO

DUE TO

Pulmonale

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

CAUSE OF DEATH

TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NOT WHILE!

OF INJURY WORK AT WORK

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from deceased alive on 2-2, 1953, and that death and that death occurred at 9:452 m., from the causes and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Feb.5/53 Burial

Balto. Cem.

FUNERAL DIRECTOR

4940 Eastern Ave. Balto., Md.

21F. HOW DID INJURY OCCUR?

1950 to

Balto. Md.

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

24055

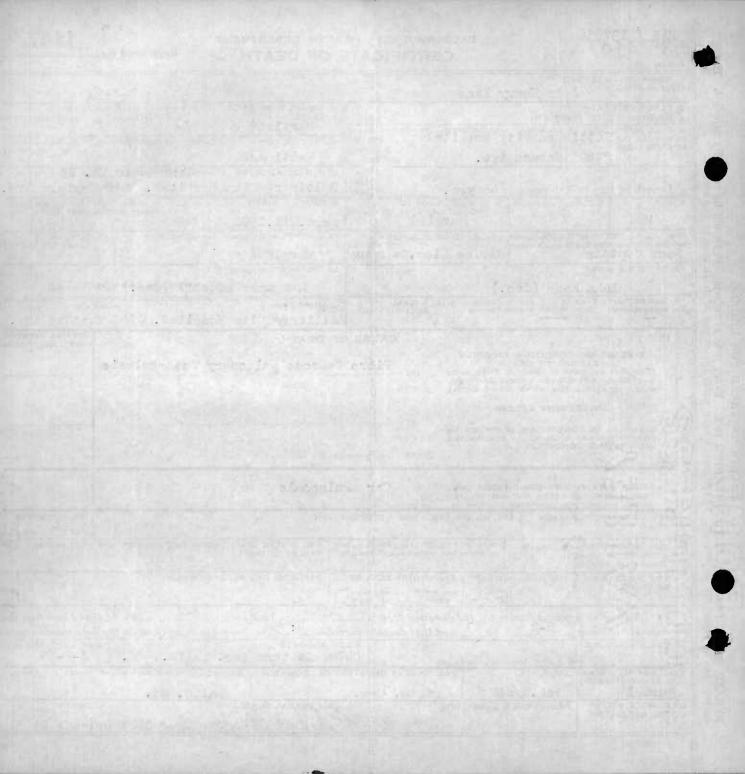
19 53 that I last saw the

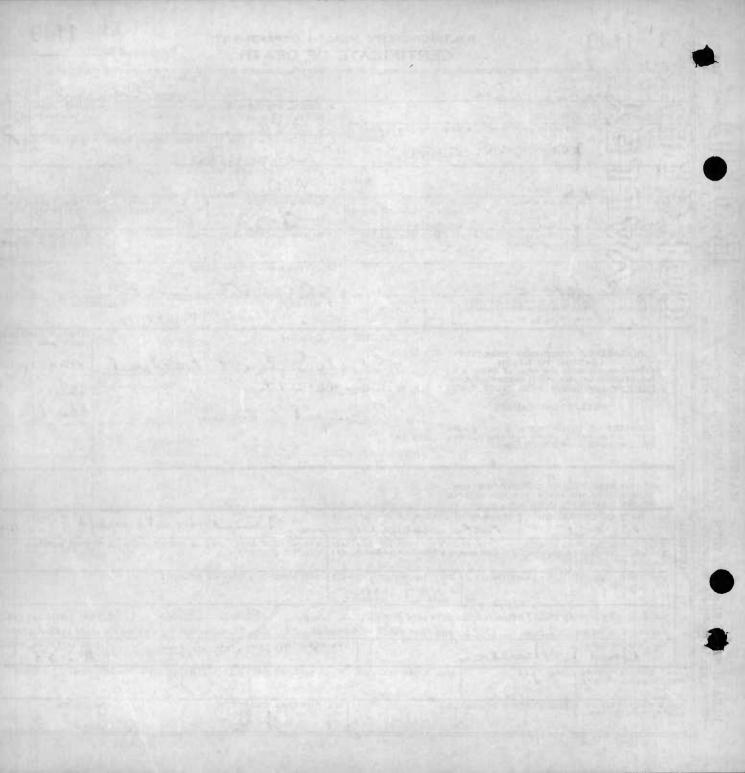
23c. DATE SIGNED

2-2-53

(If in Baltimore City, give exact location)

2024 Orleans St 31





ASPER DE LA COMPANIE ASSESSMENT OF THE PROPERTY OF

PLEASE

DATE RECEIVED BY

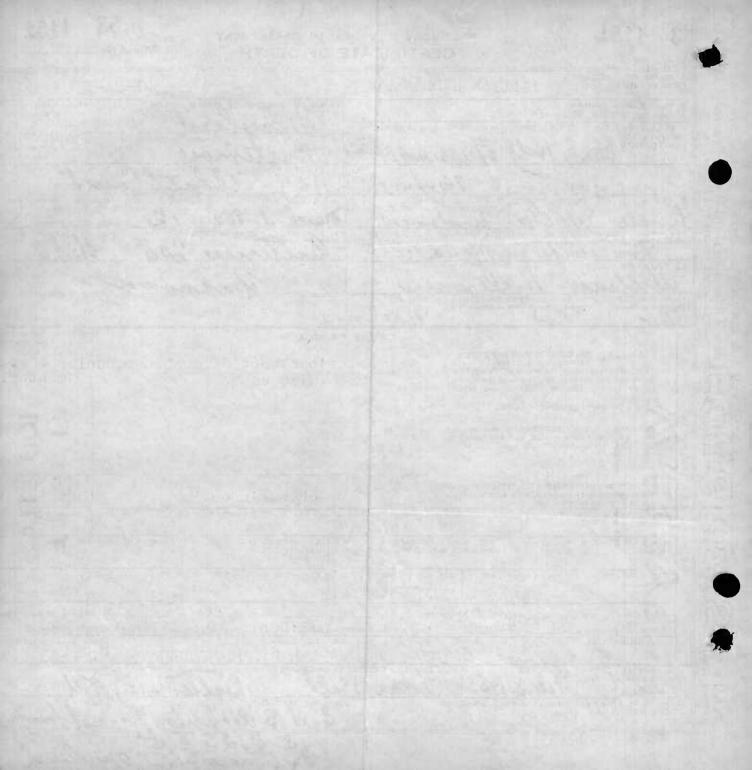
LOCAL REGISTRAR

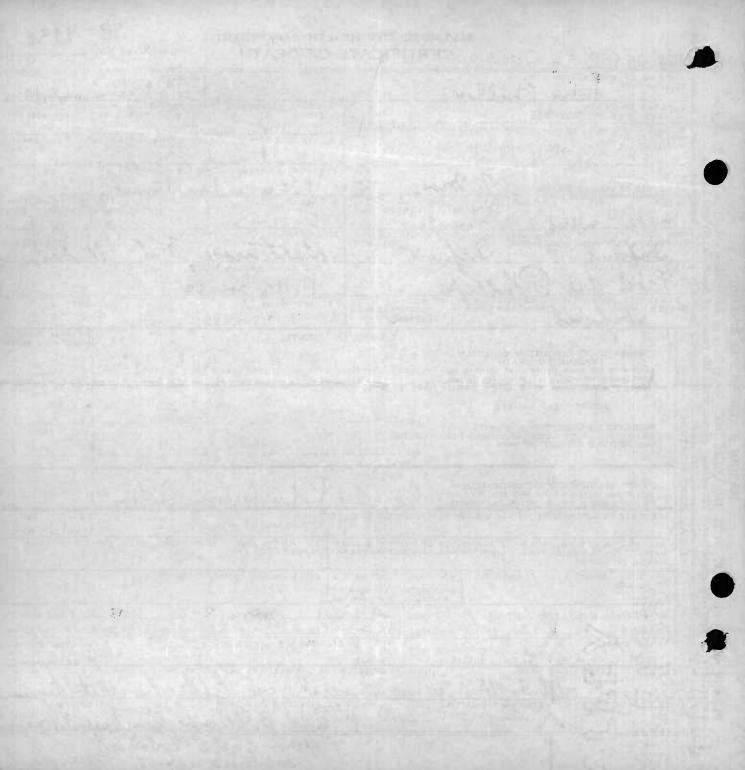
VS 150

REGISTRAR'S SIGNATURE

Junious Con 15

ADDRESS FUNERAL DIRECT 25





1.	NAME OF D						2. DATE		
	'ype or Print)		n T. Me	eads			OF DEATH	Jan.	31,1953
	Baltimore (City, Maryland			A. STATE	IDENCE (W	here deceased I		titution : residence before admiss
H	FULL NAME OSPITAL OR	OF (If not in hospit	tal or institution		ress or Marylate ation) c. CITY OR TON		autaida aaunaaa	A- 1111	
IN	ISTITUTION	2101 Colds	spring]	Lane	Baltim	ore	2	Te limits, w	rite RURAL and towns
6	,0				Yrs. D. STREET ADD	DRESS (If r	ural, give loca	tion)	-
	Length of s	tay in Baltimore				-	ing Lar		
N	Male	6. COLOR OR RACE	Sing	D. DIVORCED (May 30,1	881	71	rears if Und Month	et Year If Under 24 As Days Hours I
10 vor)	A. USUAL OC k dooe during most	CUPATION (Give kind of working life, even if retired)	10B. KIND C	F BUSINESS	OR 11. BIRTHPLACI	E (State or for	reign country)		CITIZEN OF
13	Labor				Maryla 14. MOTHER'S		ME	Ţ	J. S. A
		nn Mead					ME		
15	. WAS DECEASE	ED EVER IN U. S. ARMED	D FORCES?	16. SOCIAL	Alice H			ADD	RESS
100	e, 00 or uor 00wo)	(11 yes, give war or date	s or service)	SECURITY	No. Mr Richal	rd Pow	ell 110		ting St
	heart failu	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS	of dying, e.g., ins the discase, caused death.)	(A) DUE TO	emix	leg!	Louls	N_	
ERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	not mean the mode ore, asthenia, etc. It mean complication which of an arrangement of the complication of the complication of the ABOVE CAUSE (A) (ING CONDITION LA) IGNIFICANT CONDITION TO THE DEATH, BUT	of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATEO		emit pardio Disos	Vas	e Louls	n_	?
ERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE O	not mean the mode ore, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication is to the death, but is ease or condition	of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATEO I CAUSING IT.	DUE TO	erration OPERATION	Vas	a Louls	n	20. AUTOPS
AL CERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE O	not mean the mode ore, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication is to the death, but is the condition of the co	of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F	OUE TO (C) INDINGS OF		Vas	e Louls	M	20. AUTOPSY YES NO
EDICAL CERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE O 19A. DATE O	not mean the mode or e, asthenia, etc. It mean complication which or any of the complication which or any of the complication of the complication of the death, but is a complication of the death, but is a complication of the c	of dying, e.g., ans the disease, caused death.) SES F ANY, GIVING STATING THE ST. STIONS CON- NOT RELATEO CAUSING IT. 9B. MAJOR F	OUE TO (C)	(e. g., io or 21C. WHERE	Pas (If	LCUII	City, give	20. AUTOPS
EDICAL CERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE O 19A. DATE O LYING OF	not mean the mode or e, asthenia, etc. It mean complication which or any of the complication which or any of the complication of the complication of the death, but is a complication of the death, but is a complication of the c	of dying, e.g., chaused death.) SES FANY, GIVING STATING THE STATING THE STATING THE STATING IT. OCAUSING IT. 21B. PLAC about home, farm (Hour) 21	OUE TO (C) INDINGS OF E OF INJURY n, factory, street, office E. INJURY OCC	(e. g., io or 21C. WHERE INJURY OCCURRED 21F. HOW D	CUR?		City, give	20. AUTOPSY YES NO
EDICAL CERTIFICA	DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE O 19A. DATE C 21A. ACCID LYING OF INJURY	not mean the mode ore, asthenia, etc. It mean complication which complication which complication which complication which complications are also complicated as a complication of the death, but it is consistent of the death, but it is consistent or constitution of the death, but it is consistent or constitution of the death of th	of dying, e.g., insthe disease, eaused death.) SES FANY, GIVING STATING THE	OUE TO (C) INDINGS OF E OF INJURY n, factory, street, office INJURY OCCURE INJURY OCCURE AT NOT ORK	(e.g., io or bidg., etc.) CURRED WHILE WORK	CUR?			20. AUTOPS: YES NO exact location)
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE O 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME (OF INJURY)	not mean the mode or e, asthenia, etc. It mea complication which c ANTECEDENT CAUSES OR CONDITIONS. II HE ABOVE CAUSE (A) I'NG CONDITION LA ISEASE OR CONDITION OF OPERATION 1 ENT WAS UNDER-R CONTRIBUTING DEATH Month) (Day) (Year)	of dying, e.g., insthe disease, eaused death.) SES FANY, GIVING STATING THE	OUE TO (C) (C) (C) (C) (C) (C) (C) (C	(e.g., io or 21C. WHERE INJURY OCCURRED 21F. HOW D	old INJURY	occur?	, 19 ⁵ t	20. AUTOPS YES No exact location)
EDICAL CERTIFICA	OTHER STRIBUTING TO THE OF INJURY 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY	not mean the mode or e, asthenia, etc. It mea complication which c ANTECEDENT CAUSES OR CONDITIONS. II HE ABOVE CAUSE (A) I'NG CONDITION LA ISEASE OR CONDITION OF OPERATION 1 ENT WAS UNDER-R CONTRIBUTING DEATH Month) (Day) (Year)	of dying, e.g., ans the disease, caused death.) SES FANY, GIVING STATING THE ST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farm (Hour) 21 m. while the death of the dea	OUE TO (C) INDINGS OF E OF INJURY n, factory, street, office E. INJURY OCC ILE AT NOT ORK AT ceeased from, ad that death	(e. g., io or 21C. WHERE INJURY OCCURRED 21F. HOW DWHILE AND OCCURRED 4. 15	TO Sto	occur?	, 19 , t d on the	20. AUTOPS YES No exact location)
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE O 21A. ACCID LYING OF CAUSE OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased gl 23A. S CARA A. BURIAL. ON, REMOVAL (S	not mean the mode or e, asthenia, etc. It mean complication which complication which complication which complication which complications. If the ABOVE CAUSE (A) ING CONDITION LA ING CONDITION LA INGLISHED CONDITION OF OPERATION INGLISHED CONTRIBUTING DEATH Month (Day) (Year) We certify that I attained the completion of the completio	of dying, e.g., ms the disease, caused death.) SES FANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING IT. 21B. PLAC about home, farm with the state of the death of th	OUE TO (C) (C) (C) (C) (C) (C) (C) (C	(e. g., io or bidg., etc.) CURRED 21F. HOW D WHILE WORK 2 Occurred at 4307 238. ADDRESS D. HO 3	oid injury in, to m., from th	occur? 3/ e causes and Cation (City	, 19 , t d on the c	20. AUTOPS: YES NO exact location) hat I last saw date stated ab 13c. DATE SIGN 2f 2-25
TIC	OTHER STRIBUTING TO THE O 21A. ACCID LYING OF INJURY 22. I hereb deceased gill 23A. STAR. BALLER SURIAL.	not mean the mode or e, asthenia, etc. It mean complication which complication which complication which complication which complications. If the ABOVE CAUSE (A) ING CONDITION LA ING CONDITION LA INGUITATION ING	of dying, e.g., ms the disease, caused death.) SES FANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING IT. 21B. PLAC about home, farm with the state of the death of th	OUE TO (C) (C) (C) (C) (C) (C) (C) (C	(e. g., io or bidg., etc.) CURRED 21F. HOW D WHILE WORK 2 Occurred at 4307 238. ADDRESS D. HO 3	oid injury in, to m., from th	occur? 3/ e causes and	d on the d	20. AUTOPS YES NO exact location) hat I last saw date stated ab 13c. DATE SIGN 2f 2 -> 3

MARGIN RESERVED FOR BINDING

In it without a sors Secretary and the State of the

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If raral, give location Mos. c. Length of stay in Baltimore Days information should be of death clearly and 9/AGE (In years) 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED If Under ! Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) turned 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME saac 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes y item 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED 2. Cartino TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OPERATION OF important. EDIC/ 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK -. 195 that I last saw the 22. I hereby certify that I attended the deceased from_ , 1953, and that death occurred at 1136 deceased alive on 2 - 1 -A m., from the causes and on the date stated above. 23A. SIGNATURE 23m ADDRESS 23c. DATE SIGNED romas 24C. NAME OF CEMETERY OR SHEMAUSEY 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) PLEASE TION, REMOVAL (Specify Burial Druid Ridge Pikesville, Md. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE DIRECTOR

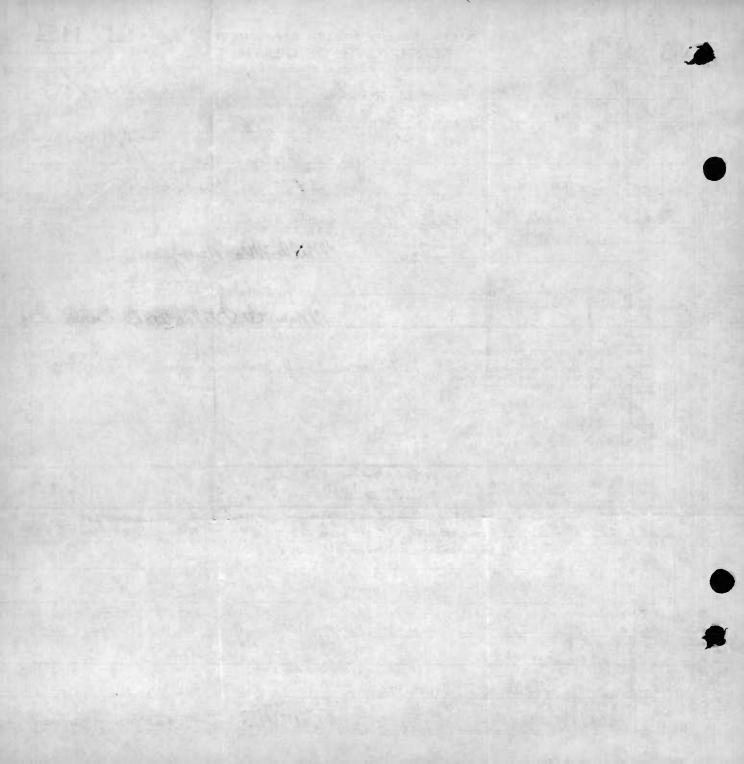
VS 150

LOCAL REGISTRAR

before admission)

20. AUTOPS

townshipi



Later Baylon Baltmone 53511-CARROLHEN FINE 10-12-80 72 Lineth coloned and -1-3 34 -13-51

	O	60
	be	pu]
	pla	23
	hoı	rly
	ns	lea
	tio	h d
C	ma	eat
Z	for	P
ND	in	S
BI	of	use
出	em	ca
FO	it	he
Q	ery	Se t
VE	É	vrit
MARGIN RESERVED FOR BINDING	ن	6
ES	NK	eas
K	T	Id
Z	Ž	ns:
RG	AD.	cia
MA	TF.	ysi
	D	Ph
	H	.43
	TI	ant
	-	ort
	M	mp
		7
	LA	iall
	P	pac
	9	ī
	PLEASE WITTE PLA LY, WITH UNFADING INK. Every item of information should be of	. E
	1	ge
	SE	4
	EA	rec
	PL	COI

1		520	4 . 1	
Land		L-OM4	52	1450
		57 7460	E OF DEATH Registered No.	1156
The	_	IRTH NO.	E OF DEATH	
ed.	(T	Sype or Print) 1576 Longx	2. DATE OF OF I - 2	9-53
supplied.		Baltimore City, Maryland 154 W west SV	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence
		FULL NAME OF (If not in hospital or institution, give street address or CSPITAL OR location)		01
ully y.		STITUTION	c. CITY STAUT. (If outside corporate limits, w.	township)
o se	c.	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, a ve location)	1.
ld be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		T I Year II Under 24 Hours B. Days Hours Min.
on should be	10 worl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
ion col	13	B. FATHER'S NAME	14 MOTULE POR MARIE MARIE	
information s of death cl		Ben & n max	14. MOTHER'S MAIDEN NAME	
for f	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	PESS
of in	(Ye	(If yes, give war or dates of service) SECURITY NO.	1 7	Weak Sh
		18. 610 X CAUSE	OF DEATH	INTERVAL BETWEEN
it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	REMA	ONE LAIA
Every i		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		OME WAY
Ever		injury or complication which caused death.) DUE TO		
.:0	-	ANTECEDENT CAUSES	ZOSTATISH	
INK	10	DISEASES OR CONDITIONS, IF ANY, GIVING		
24	AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
DING ians:	FIC			
UNFADING Physicians:	RTI	OTHER SIGNIFICANT CONDITIONS CON-		
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ht .	SAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION	YES NO
Y, WITH	EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		exact location)
- Au	2	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
E PLA specially		m. WHILE AT NOT WHILE MY WORK AT WORK		
		22. I hereby certify that I attended the deceased from		hat I last saw the
		deceased alive on 1912, and that death occur		
WF e in		feel Williams ", M.D.	145W. 70N. DONERY (1.	1 31/13
PLEASE WE correct age ?	TI	4A. BARIAL, CREMA- ON, DEMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE 2-3-53	ERY OR CREMATORY 24b. LOCATION (City, town, or of	unty) (State)
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE, OCAL REGISTRAR	25) FUNERAL DIRECTOR AL	DRESS
		VS 150 1953 7 Juntington Philiames No.	2	routy meny

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 1157

B	IRTH NO.	CATE OF DEATH	J.					
1	NAME OF DECEASED	2. DATE						
	Vincenzo Alaimo		1st 1953					
3	PLACE OF DEATH: Baltimore City, Maryland 103 Edgewood St	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	before admission)					
В.	FULL NAME OF (If not in hospital or institution, give street add	iress or Maryland						
11	ISTITUTION	C. CITT ON TOWN (II outside corpulate mints,	write RURAL and give township)					
-		Yrs. D. STREET ADDRESS (If rural, give location)	0/					
6	Length of stay in Baltimore 38 Yrs.	Mos.						
	SEX 6 COLOR OF BACE 7 SINGLE MARRIED	I B DATE OF BIRTH 9 AGE (in years) #1	Inder I Year K Under 24 Hours					
	Male White Warried	August 31 1880 72 Mon	ths Days Hours Min.					
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS		12. CITIZEN OF WHAT COUNTRY					
	Labor Retired R.R.	ARAGONA Girgenti Italy	WHAT COUNTRY					
13	Matteo Alaimo	Maria Cottone						
		maila oo tone						
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. I	DPESS					
	no	John J.Alaimo 503 W.MULBI	CRRYSST:					
	18. 203X CA	USE OF DEATH	ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	neumaria	412 -					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.		toays					
	injury or complication which caused death.) DUE TO	1	U					
7	ANTECEDENT CAUSES	ones twe House Failure	Mortes					
ò	DISEASES OR CONDITIONS, IF ANY, GIVING	mystwe Hant Failure						
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
PIC.	(C)	Willipse Myslema	Years					
RTI	OTHER SIGNIFICANT CONDITIONS CON-		0					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED		10:::::::::::::::::::::::::::::::::::::					
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?					
ICAL	21a. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY	(e.g., in or 21c. WHERE DID (If in Baltimore City, gi	ve exact location)					
EDI	HOMICIDE (Specify) about home, farm, factory, street, offi	ice bldg.,etc.) INJURY OCCUR?						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT WHILE							
	22. I hereby certify that I attended the deceased from hovember, p52, to Feb (, 1953, that I last saw the							
	deceased alive on 2003, 1953, and that death occurred at 10:001 m., from the causes and on the date stated about							
	23A. SIGNATURE	238. ADDRESS	23c. DATE SIGNED					
_		D. 6014 Columnación Hocalains	or county) (State)					
TI	ON REMOVAL (Specify)	EMETERY OR CREMATORY 240. LOCATION (City, town, old and Compations)						
-	Burial Feb. 5 1953 New Cathe	dral Cemetery Old Frederick	ADDRESS					
	OCAL REGISTRAR Thurtington 1	10 Jan 10 De 000 1100 0 322 8						

VS 150

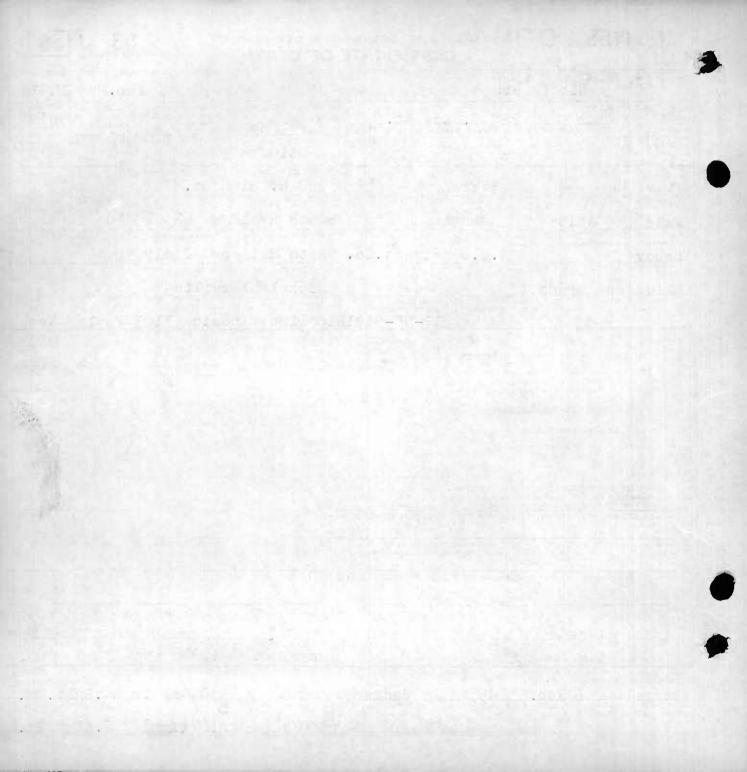
FROM THE ACT OF THE PARTY OF Electrical States of the State menina रा भंगे longs two Hart Faller-Mortes multiple Mysloma Charle norman ps (ec. 1 6014 Edwarder Les Les The Strength Mid was not I decoming only to the day BALTIMORE CITY HEALTH DEPARTMENT

53

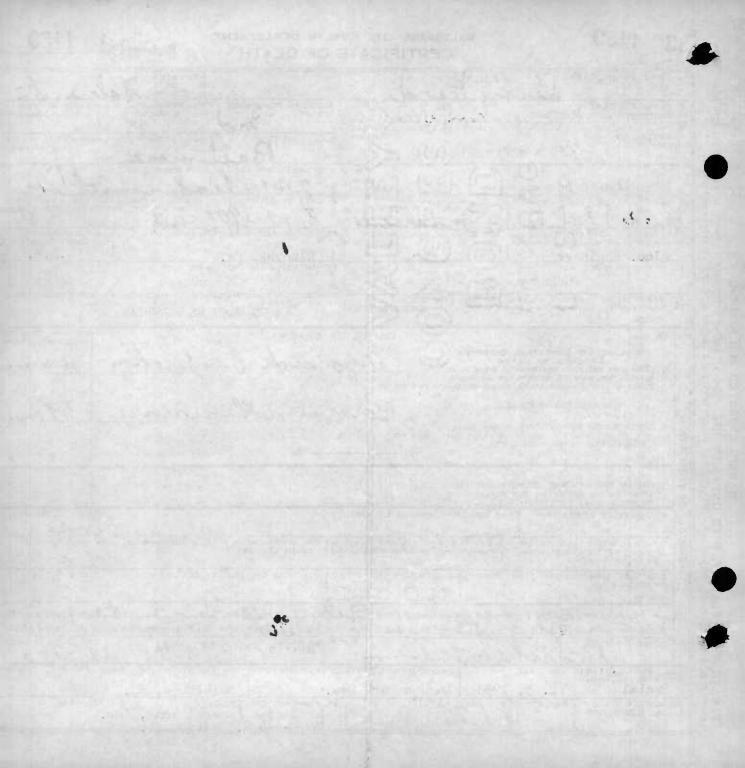
(If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years) last birthday) Months Days Hours Min. 10 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Italy ADDRESS 7-05-9121Nicolina Cinquina 3103 Taylor Ave NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO (If in Baltimore City, give exact location) 19 that I last saw the 2m. from the causes and on the date stated above. 23c. DATE SENED 24d/LOCATION (City, town, or county) Cemetery 4430 Belair Rd. Balt. Md ADDRESS

Feb. 2nd 1953

before admission)



XR.		300				4
O C	5	3 1159 RTH NO.		EALTH DEPARTMENT E OF DEATH	Registered No.	1159
d.	1.	NAME OF DECEASED Fran	Op. d		2. DATE OF DEATH	1.2 1/3
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	stitution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution : residence before admission)
lly s		STITUTION JOHNS HOPKINS	Iocation) S HOSPITAL	C. CITY OR TOWN	outside corporate limits, v	vrite RURAL and give township)
legn	€.	Dength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS HER	ural, give location)	d ane
uld be	3	rale White	NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8-17-1909	9. AGE (In years little last birthday) Mont	der 1 Year If Under 24 dours hs Days Hours Min.
on should clearly an	work	Elec. Engineer Be	KIND OF BUSINESS OR INDUSTRY	Altoona, Pa.		U.S.A.
NDING information s of death cle		. FATHER'S NĂME unknown	(Rodand Ma)	14. MOTHER'S MAIDEN NA	me inknown	
BINDING of inform uses of dea	15 (Ye	was DECEASED EVER IN U.S. ARMED FORC (If yes, give war or dates of servi	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT HOPKI	NS HOSPITAL ADE	RESS
FOR y item		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., (A) Mg	ocardial in	farction	2 da.
	z	ANTECEDENT CAUSES	(B) Con	mary athron	clerosis	?9mo.
N RESE.	CATIO	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.	NG THE DUE TO		••••	
MARGIN F UNFADING Physicians: p	ERTIFIC	II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	ELATED			
ы.	L C	19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
Y, WITH important.	EDICA		3. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg.,		f in Baltimore City, giv	e exact location)
A.A.	Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURE WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
PLA special		22. I hereby certify that I attended deceased alive on 2., 19	the deceased from	ed / , 1953 to =	re causes and on the	hat I last saw the date stated above
WR.		23a SIGNATURE NChard N.	Teller M. D.	23B. JOHNS HOPKINS H	OSPITAL	23c. DATE SIGNED
PLEASE WR correct age is	71	4A. BURIAL CLEMA 24B. DATE ON, REMOVAL (Specify) Burial Feb. 5, 1953	Loudon Park C	em. Balt	cimore, Md.	
PLE		ATE RECEIVED BY REGISTRAR'S SIG	NATURE MAN	25. FUNERAL DIRECTOR Schimungk Juner 2601-3-5 E. Mac		ADDRESS
		VS 150	0	4434		



VS 150

10 0

township)

· Committee of the same

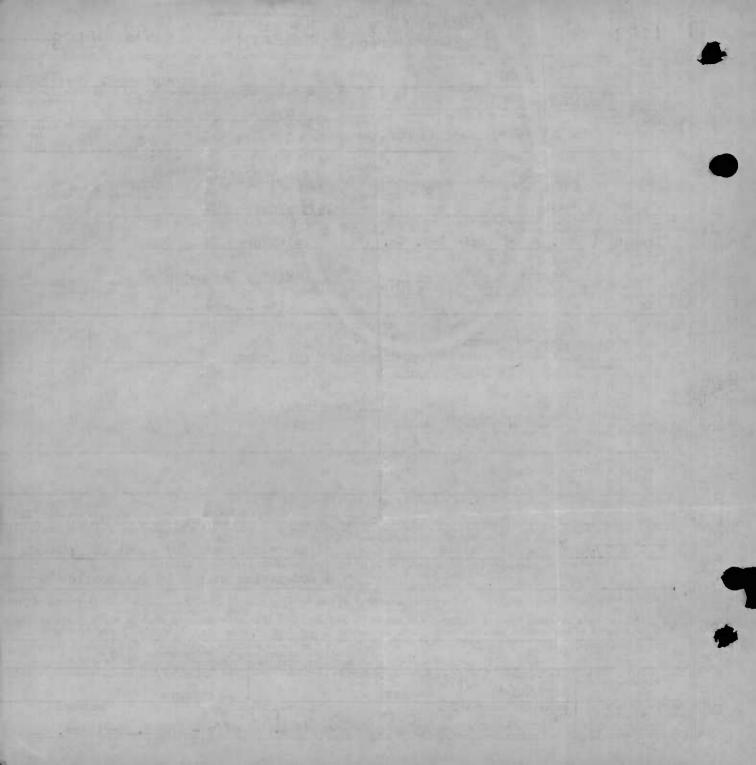
MARGIN RESERVED FOR BINDING TE PLA Y, WITH especially important.

1162 53

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICATI	OF DEAT	П	200810000	4 110	
1. NAME OF (Type or Prin	1)			2. DATE				
					/1/53			
CAROLINE FENNINGTON 3. PLACE OF DEATH: A. Baltimore City, Maryland 1843 S. Charles St. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)				A. STATE Md. C. CITY OR TOWN	(If o	B. COUNTY	be	efore admission
Length o	Yrs. Length of stay in Baltimore Days				Baltimore D. STREET ADDRESS (If rural, give location) 1843 S. Charles Street			
5. SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 8/9/68		9. AGE (In years	If Under 1 Year	ys Hours Min.
Housew		10в. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	nia			IZEN OF AT COUNTRY
13. FATHER'S				14. MOTHER'S MA		ME		
15 WAS DECE	ASED EVER IN U. S. ARMEI	illiam		Catheri	ine	?		
No.	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Family	- Same	9	ADDRESS	RVAL BETWEEN
(This d heart fs injury	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
OTHER TRIBUT	II SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	D						
9			FINDINGS OF OPER	ATION				. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?)							y, give exact	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m, WORK AT WORK								
deceased	22. I hereby certify that I attended the deceased from $9/24/$, 191 , to $2/1/$, 1953 , that I last say deceased alive on $2/1/53$, 19 , and that death occurred atm, from the causes and on the date stated at							
	CREMA- 24B. DATE	seile		1226 Har	nover	St.	2/	3/53 (State)
В	2/4/53	2.015	Western			timore	4555	
DATE RECEIVED BY REGISTRAR'S SIGNATURE				James L. Mc	0 .	- I30 East	ADDRE	
VS 150	1)						Ballan.

Registered No.1 10 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) AUGUST KAMPHA JS DEATHJanuary 30, 1953 supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) of not in hospital or institution, give street address or Maryland B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hospital ally Baltimore legiply. D. STREET ADDRESS (If rural, give location) Mos. 218 Churchill Street c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year be and WIDOWED, DIVORCED (Specify) iast birthday) | Months: Days | Hours: Min. White Male 12/11/1885 pluods 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) clearly 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? Ret. Locke Ins. Co. Baltimore information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Kleinstruven Bernard BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yee, give war or dates of service) (Yes, no or unknown) SECURITY NO No Family - Same causes of INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral Injury (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. RESERVED RXXXXX injury or complication which caused death.) ANTECEDENT CAUSES (B) Skull Fracture RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING XXXXX RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH YES important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. INJURY OCCUR? UTING IT CAUSE OF DEATH street Hanover Street 50' south of 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Pedestrian struck by automobile especially WORK PLA 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 闰 and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. IS 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER [4] 23c. DATE SIGNED M age ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) correct 2/4 $\sqrt{53}$ Western Baltimore DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR James L. Fort Ave. VS 151



illy supplied

information

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Jan. 31, 1953 (Type or Print) DATSY KRIEL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 320h Ferndale Ave. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3201 Ferndale Ave. c. Length of stay in Baltimore Days on should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Nov. 3, 1870 female white single 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired? INDUSTRY WHAT COUNTRY Maryland never worked death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Rice Jacob Kriel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Miss Gertrude Kriel-3204 Ferndale Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH y item 2010 and 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: pl UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL VES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 194) to _, 1953, that I last saw the 22. I hereby certify that I attended the deceased from. 1 - 31, 19 53 and that death occurred at 110 Em., from the causes and on the date stated above. deceased alive on_ 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c, NAME OF CEMETERY OR CREMATORY 2 D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) Burial Loudon Park Cem. Balto., Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

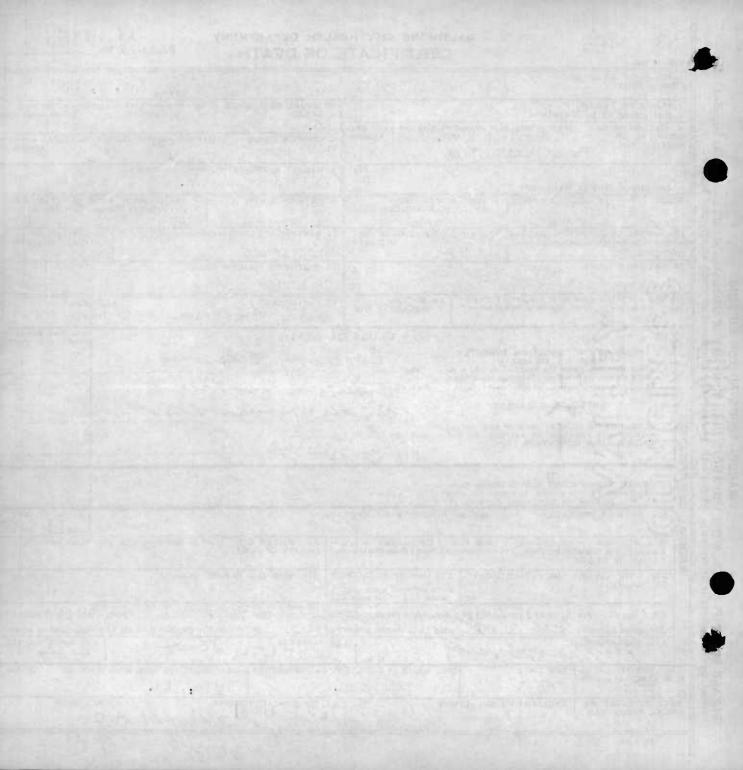
PLEASE W

LOCAL REGISTRAR

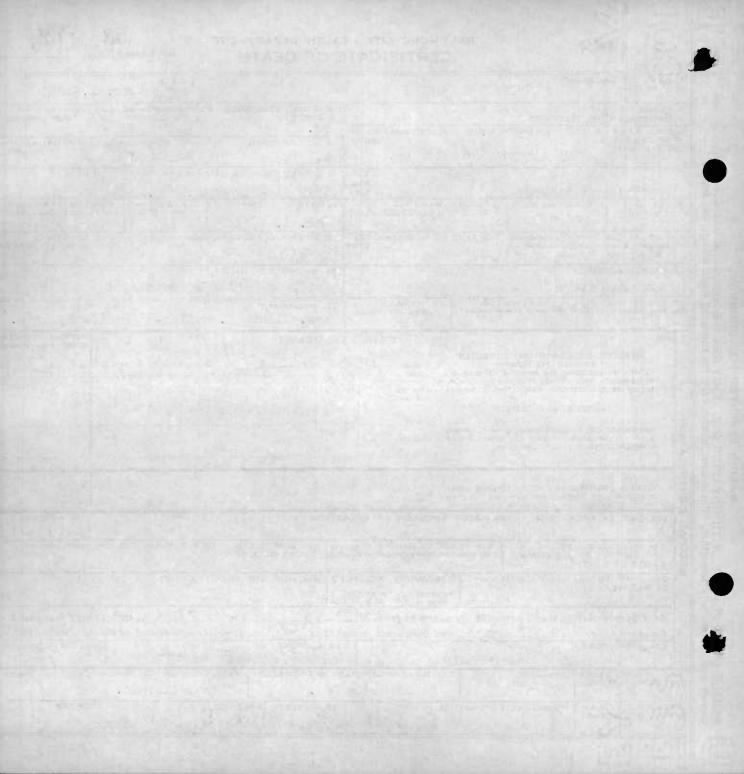
VS 150

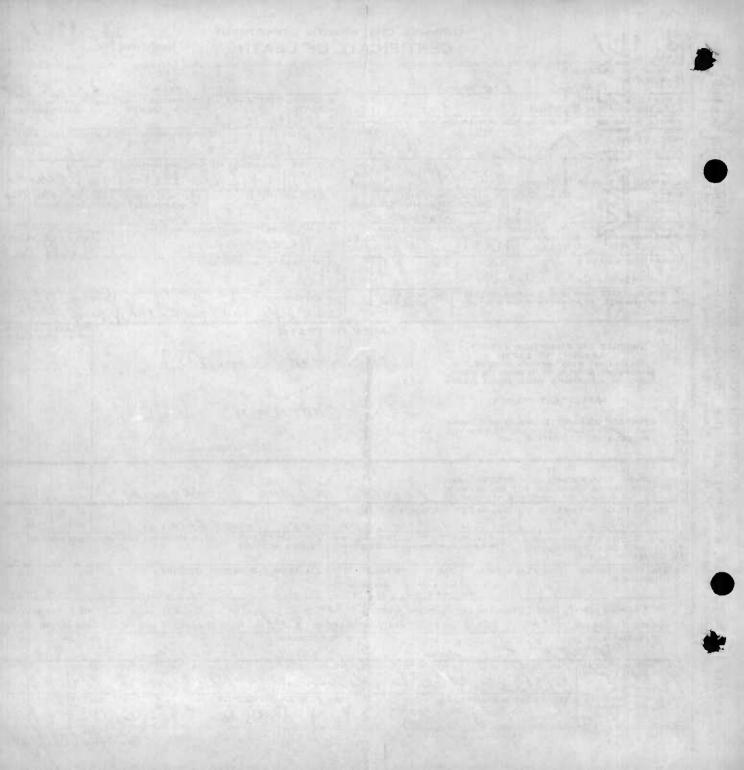
731	25	3	0
1	53	14	25
2	BIRTH N	10.	

MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be complied. The Physicians: please write the causes of death clearly and leg. y.	BALTIMORE CITY H	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) LAURA OLIVIA BENNETT	2. DATE of Feb. 2, 1953
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Haven Nursing Home Yrs.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission) Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give beautimore township) D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) female white widowed	2445 Edmondson Ave. 18. DATE OF BIRTH 19. AGE (In years) If Under 1 Year If Under 24 Hours
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) Pennsylvania 14. MOTHER'S MAIDEN NAME
	John Mark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Catherine 17. INFORMANT Miss F Norma Saums-5901; Highgate Drive
	ANTECEDENT CAUSES ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ronopy Telecons vis relevotive lis Voscular Merol ein-l mility
ш.	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6.6.	YES NO X
PLEASE WE E PLA IY, WITH	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH 2 1D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 1, 192, and that death occur. 23A. SIGNATURE M. D.	RED 21F. HOW DID INJURY OCCUR? The property of the property
	Burial 2/4/53 Green Mount Ce	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Balto., Md. 25. FUNERAL PIRECTOR ADDRESS
P 3	VS 150 1353	Batto 17, Md.



	/	53 11 IRTH NO.	66					ALTH DEPARTME OF DEATH		Registered	3 1.1 No	1.66
lly supplied. T		NAME OF Daype or Print)	ECEASED	THOM	IAS L.	BUFTER				ATE OF Fel	0. 1, 19	753
	B. FLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 3625 Liberty Heights Ave.			4. USUAL RESIDENCE A. STATE Md. C. CITY OR TOWN Baltimore	E (Where do	ceased lived. . COUNTY		ore admission				
be cand legal	c. Length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.			D. STREET ADDRESS (If rural, give location) 3625 Liberty Hgts. Ave.			II Under 24 Hours					
WHAT PLA Y, WITH UNFADING INK. Every item of information should be cage items in information should be cage items.	10 worl	FATHER'S	of working life, ev. Frame NAME Bufter ED EVER IN U	Give kind of en if retired) Mfgr	FORCES?	O OF BUSINESS IND	S OR DUSTRY	Dec. 1, 1881 11. BIRTHPLACE (State Maryland 14. MOTHER'S MAIDE Emily Cather 17. INFORMANT	e or foreign co	ountry)		
	CERTIFICATION	DISEASE RISE TO TUNDERL' OTHER STRIBUTION	SE OR CON LEADING In not mean the complication ANTECEDER SOR CONDITION HE ABOVE CATING CONDITION GRANDIFICANT	TO DEATI he mode of tetc. It mean which ca NT CAUSE TIONS, IF AUSE (A) S ITION LAS	H dying, e. s s the diseas used death ES ANY, GIVIN STATING TH. TONS CON IOT RELATE	(A)	AUSE O	youndi.	(Lite	shlia		AND DEATH
	MEDICAL	21A. ACCIE LYING O CAUSE OF 21D. TIME OF INJURY	(Month) (Da	JINDER. JING	21B. PLA about home, (Hour) m.	deceased from	Y (e. g., ir office bldg., e occurring for while af york m bccur	or 21c. WHERE DID INJURY OCCUR? D 21f. HOW DID IN 1957 red at m., fr	JURY OCCU	JR7 19: ses and on	yes, give exact , that I l the date, st	ast saw th
PLEASE WH	TI	4A. BURIAL, ON REMOVAL (I BUTIAL) ATE RECEIVE OCAL REGIST	Specify) 2/	4/53 GISTRAR'S	SIGNATU	Druid F			Pikesvil for		•	
		VS 150		0			2	032	Bo	eto i	7, m	d.





BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

53 1168

Registered No.

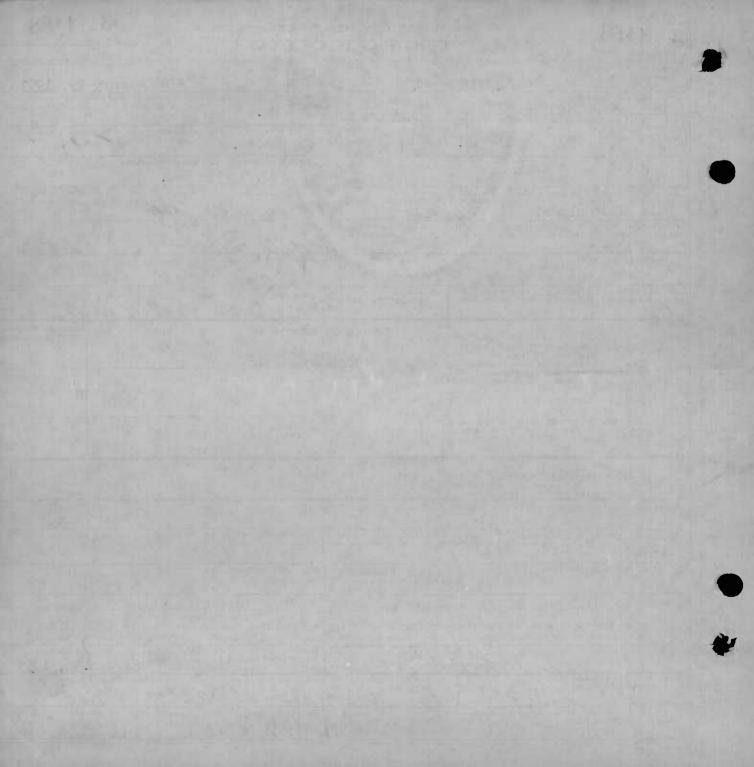
B	RTH NO.	L OF BLATTI	
	NAME OF DECEASED	2. DATE	
(3	ype or Print) VINFIELD L	SNOWDEN	.953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: real A. STATE Md. B. COUNTY before	esidence admission
	FULL NAME OF (If not in hospital or institution, give street address or		
	OSPITAL OR location) ISTITUTION 909 Argyle Ave.	c. CITY OR TOWN (If outside corporate limits, write RVR/	township
11	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Days		
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years in Under I Year last birthday) Months: Days H	Under 24 Hours
	Male Colored Willow	UCT. 20, 1880 11-10	
	DA. USUAL OCCUPATION (Give kieded) k does during prost of working life, even if retired) Lapanon Ch	11, BIRTHPLACE (State or foreign country) 12. CITIZET WHAT	OF COUNTRY
15		14. MO HER'S MAIDEN NAME	2003
9	Vicodemous Snowden	saigh anderson	/
	. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL s. po r uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	2
نزل	No.	Tallie Coals 409 Warlell	10
	18. 491 X . CAUSE	OF DEATH	L BETWEE
	DISEASE OR CONDITION DIRECTLY		UND DERI
	(This does not mean the mode of dying, e.g., (A) Brone	chopneumonia	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
	(B)		
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
	UNDERLYING CONDITION LAST.		
FICA			
L	OTHER SIGNIFICANT CONDITIONS CON-		
RT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CE	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPER	RATION 20. AU	TOPSY'?
L		YES	NO
CA	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (6. g.,		ation)
ā	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., UTING CAUSE OF DEATH.	,eto.) INJURY OCCUR?	
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m. work AT WORK	1 - 11 namtial autonom 4	
	22. I certify that I took charge of the remains described	Autopsy, Inspection or Inquiry	
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day states X , accident \square , suicide \square , homicide \square , undetermine	d = 0
	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIG	ENED
		M.D. MEDICAL INVESTIGATOR DI Jan. JU.	
3	4A. BURIAL CREMA- 24B. DATE 24C NAME OF GEMENT	ERY OR CREMATORY 240 LOCATION (City, town, of county)	(State)
1/2	Wind 2/3/1903 YITV (MU) A	mian vallo His	
P	ATE RECEIVED BY LEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	3221

V S 151

1951

99

Schrocker St



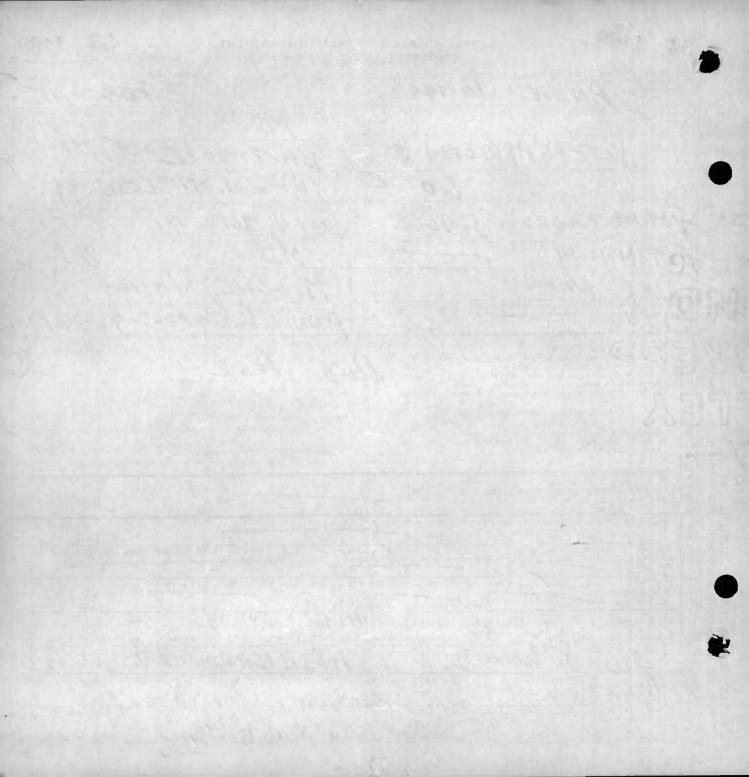
-	-	20
	3	7169
N	30	1.00

VS 150

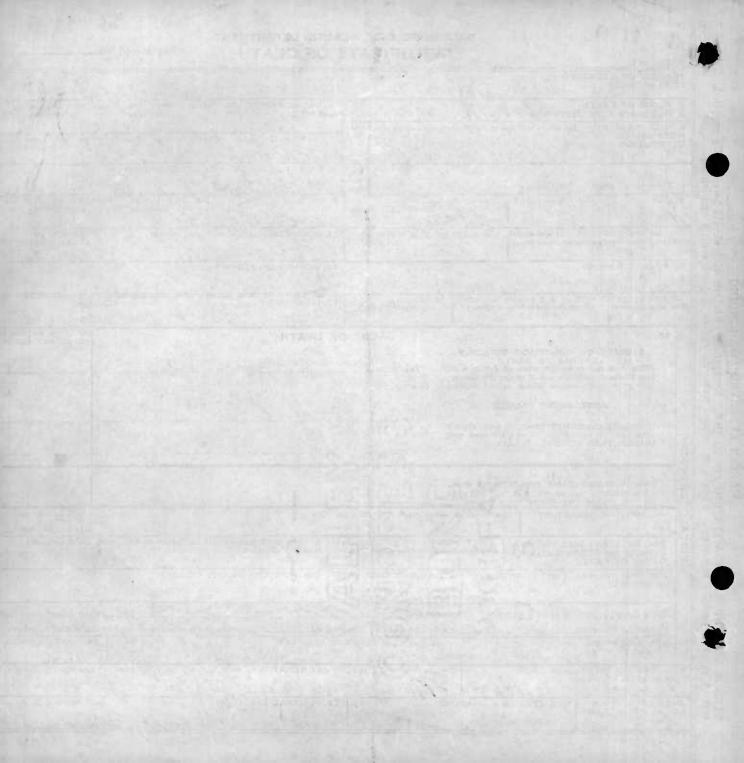
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

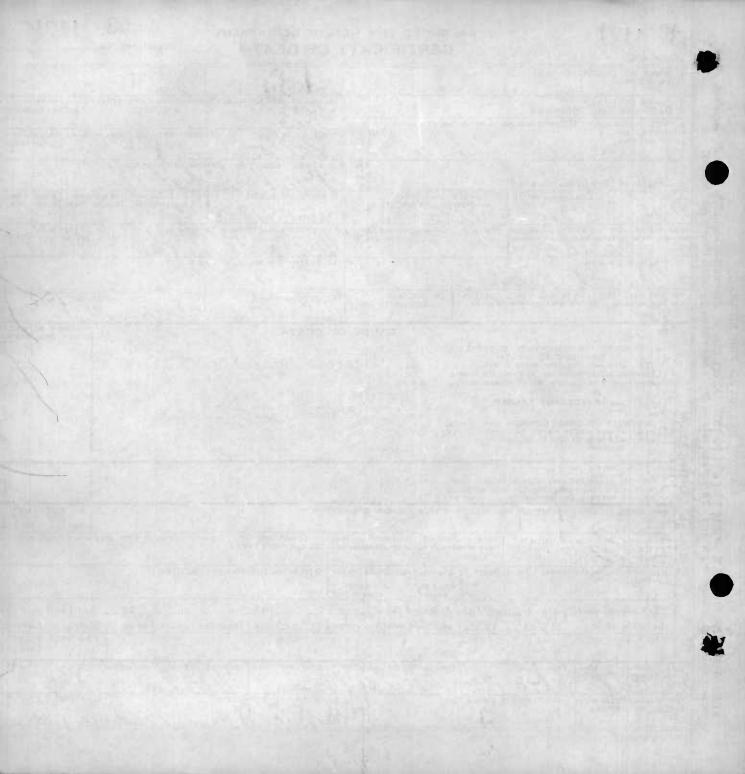
Registered No. 1169

	BI	RTH NO.	- OI DEATH				
	(T;	NAME OF DECEASED ANNIE VAMES NAME OF DECEASED NAME OF DECEASED	2. DATE OF FER. 2, 1953				
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
	HC	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR	C. CITY OR TOWN (If outside comporate Unit write RURA) and give				
	IN	STITUTION GYVIO. PRIPLETON OF.	BANTIYORE TOWNSHIP				
ICE	c.	Length of stay in Baltimore 60 Cars Days	D. STREET ADDRESS (If rund rive location)				
y and	1	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORSED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min.				
Chocat a	10	A. USUAL OCCUPATION (Givekindef dob. KIND OF BUSINESS OR Considering most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ATTOUNTRY?				
COLULE		AIDT WOONN	14. MOTHER'S MAIDEN NAME				
3		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (15. SOCIAL	17 INFORMANT ADDRESS				
200	(10	(If yes, give war or dates of service) SECURITY NO.	FINNIE E.S. WOLLS-949WITCAN				
this can		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ABE.				
7777		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
		ANTECEDENT CAUSES					
Aca.	0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO					
	FICAT	UNDERLYING CONDITION LAST. (C)					
		III					
AL SAL	CERTI	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	ار	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?				
1100	ICA	21A. ACCIDENT WAS UNDER- 218. PLACE OF INJURY (e. g., In	or 21c. WHERE DID (If in Baltimore City, give exact location)				
707	EDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., o	(c.) INJURY OCCUR?				
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?				
Carry		m. WHILE AT NOT WHILE AT WORK					
3		22. I hereby certify that I attended the deceased from	12 , to 1/2 , that I last saw the				
		decoased alive on 190, and that death occur	red at				
20		Harl Williams Hy M.O.	1113 N. CARDUNE (6. 2/2/53				
מרנה מינ	24 09	A. BURIAL, CREMA- 248. DATE 11. REMOMAL (Specify) 12. Specify) 12. Specify 13. Specify 14. Specify 15. Specify 16.	RY OR CREMATORY 240. LOCATION (City, town or churty) (State)				
1	D/ LC	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322-N				
		EFBQ 10E1 Tuesting was 10 4 2 0	KAR KOLICK, Williams , Schuck , In				



VS 150





AGE (In years | Wonths; Days | If Under 24 Hours | Months; Days | Hours; Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH doug 10 yrs. 20. AUTOPSY (If in Baltimore City, give exact location) , 1953, that I last saw the deceased alive on 31, 1953, and that death occurred at 1342 m., from the causes and on the date stated above. 24D. LOCATION (City, town, or county) LOCAL REGISTRAR VS 150

before admission

Dr Saylor 3902 Green wount

	ins
	X, WITH UNFADING INK. Every item of information should be could support the consecution of death clearly and leading the consecution of death clearly and leading the consecution of the
4	
. '	
	0 0
	à Pa
	ld g
	101
	S
	on
	井井
5	mg
Z	or
0	inf
MARGIN RESERVED FOR BINDING	f.
m	0 0
)R	en
FC	ii d
0	Fry
国	A.
R.V	H
邑	20
田	Z
2	7
Z	9 .
GI	II C
H	A
MA	F
	55
	H
	H
	M
	7,00
	SE

PLEASE WATE PLA

	1.32				
I	1173	BALTIMORE CITY HE	ALTH DEPARTMENT	53	1173
BI	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF DECEASED /	NORRIS HORW.	itz	2. DATE OF JEL.	1.1953
Α.	Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution residence before admission
H	OSPITAL OR 1802 Eut	al or institution, give street address or aw Place location) ent Home	c. CITY OR TOWN (If)	outside corporate limits, v	rit RVRAL and giv township
c.	Length of stay in Baltimore	Yrs. Mos. Days	830 Hamilto	on Terrace	
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years 11 Und Month 2000 + 80	
10 worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY
	The opilus B.	Horwitz	mary Rebecc	a Barrole	
15 (Ye	S. WAS DECEASED EVER IN U. S. ARME s. no or unknown) (If yes, give war or date	FORCES? 10 SOCIAL SECURITY NO.	HOBall 1st Nat	. Banko & Ba	allo
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complex of th	DIRECTLY TH of dying, e. g., ns the disease, saused death.) SES (B)	of DEATH of Clevois-Tu	est failure	AMOTHA
CERTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DESERTE OR CONDITION	NOT RELATEO CAUSING IT.			
SAL	19a. DATE OF OPERATION	98, MAJOR FINDINGS OF OPER			YES NO
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, give	exact location)
~	210, TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI MHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?	
	22. I hereby certificathat I att	Ne.	e 9 1952 to \$	eb-/ 1952 +	hat I last saw th

22. I hereby certify that I attended the deceased from Die, 9, 1953, to Fit, 1953, that I last saw the deceased alive on 19, 1953, and that death occurred at 8.20 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE, SIGNED

23B. ADDRESS

23C. DATE, SIGNED

24A. BURIAL, CREMA- 24B. DATE

24C. NAME OF CEMETER' OF GREMATORY 24C. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA: 24B. DATE

110N, REMOVAL (Specify)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

Vs 150 1953

87. Inceaty
377. Prestorst

of

causes

INK.

UNFADING Physicians: p

important.

PLEASE Correct ag

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE SCHWARZ LOUIS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired INDUSTRY WHAT COUNTE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO 2-03-3880 18. CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTI OTHER SIGNIFICANT CONDITIONS CON-Bearchitis o TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 2/2, 1953, that I last saw the 1953, to_ 22. I hereby certify that I attended the deceased from-

deceased alive on 1-31, 19 53, and that death occurred at

248. DATE

A.m., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

nas 24c. NAME of CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150

OR A THOMAS 4600 YOLK TO

supplied.

item

RTIFI

ш

1175

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) HARRY WEBSTER. JR. Feb. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, walte RURAL and give C. CITY OR TOWN INSTITUTION township) Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 7601 Daniel Avenue c. Length of stay in Baltimore Days information should be of death clearly and l 9. AGE (In years) It Under I Year 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 House WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male married Mar. 27, 1901 IOA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Balto Filling St Supervisor Deals Island, Maryland Lord 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry P. Webster, Sr. Bessie M. Windsor 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Bertha B. Webster. 7601 Daniel 2-03-0807 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ...

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198, MAJOR FINDINGS OF OPERATION

2Ic. WHERE DID INJURY OCCUR?

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from.

WHILE AT NOT WHILE AT WORK

deceased alive on Len ____ 195 ___ and that death occurred at___ 23A. SIGNATURE

> 24B, DATE 15/

Oak Lawn Cemebery REGISTRAR'S SIGNATURE

Baltimore. UNERAL DIBECTOR

23C DATE SIGNED

Maryland

ADDRESS

Burial DATE RECEIVED BY LOCAL REGISTRAR

OF INJURY

23B. ADDRE

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

20. AUTOPSY

(If in Baltimore City, give exact location)

. 19 S. That I last saw the _m., from the causes and on the date stated above.

Ruck, 5305 Harford Road.

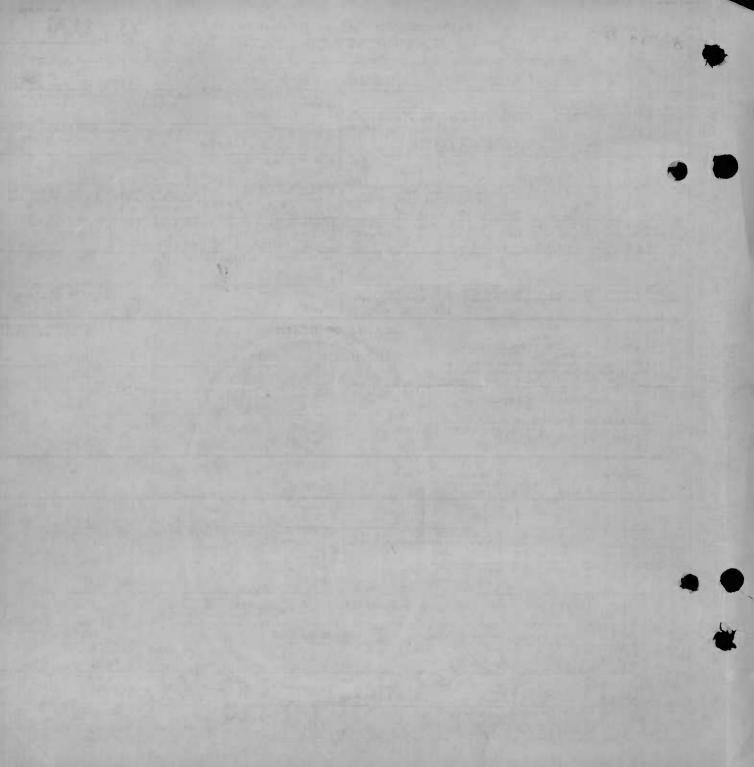
Dr. Mazer

	K	546
1	0	4170

BALTIMORE CITY HEALTH DEPARTMENT

53 1176 egistered No.____

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print) HENRY	Y HARMAN		of DEATH Febru	ary 1, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W)	nere deceased lived. If i	nstitution: residence before dmission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR	institution, give street address or location)	Maryland		write BURAL and give
St. Joseph's Ho	ospital	Baltimore	61	township
	Yrs. Mos.	D. STREET ADDRESS (If r		
e. Length of stay in Baltimore	Days		lee Avenue	
	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	MAY 24-1869	9. AGE (In years last birthday) Mon	Under I Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10) ork dooe during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
Brass Finisher	INDUSTRI		aryland.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
6		-		
15. WAS DECEASED EVER IN U. S. ARMED FOR Yes, oo or uekoowo) (If yes, give war or dates of se	rces? 16. SOCIAL SECURITY NO.	Mrs. Clara	Schultz -	Rosalie
18.340.3		OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIR		OF BEATH		ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dy	Pirmil	ent meningitis		
heart failure, asthenia, etc. It means th	he disease,	***************************************	***************************************	******
injury or complication which cause	ed death.) DUE TO			
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA			***************************************	******
UNDERLYING CONDITION LAST.	(6)			
	(0)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED			
	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	1B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg.,		in Baltimore City, g	rive exact location)
21D. TIME (Month) (Day) (Year) (Holor INJURY	ur) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I certify that I took charge		above, held an Autop	sy	thereon and from
		Autopsy, In	aspection or Inquiry	
the evidence obtained by said and death in my opinion res	a Autopsy, Inspection or pulted from: natural cause	s X, accident [], suicide], homicide [], u	ndetermined .
23A, SIGNATURE		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E I.D. MEDICAL INVESTIGATO	XAMINER TO Fe	b. 2, 1953
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	BALLIMON	RY OR CREMATORY 24D, LO	CATION (City, town,	or county) (State)
	GNATURE 3 O A	25. FUNERAL DIRECTOR	305 Ha	ADDRESS VFOYOR ROX
V S 151	The state of the s	1/1		. /



P+420

UNFADING INK. Every item of information should be dully supplied. Physicians: please write the causes of death clearly and legicity.

TE PLA LY, WITH especially important.

PLEASE W

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gister 53 No. 1177

CERTIFIC	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) JOHN J. PAULS	2. DATE OF FEB? 2. 1953
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. COUNTY before admission)
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
4023 Echodale Avenue	Daloimoro
c. Length of stay in Baltimore	dos. dos. 4023 Echodale Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (SI MARRIED) Male white married	June 21,1888 9. AGE (In years 11 Under 1 Year last birthday) Months: Days Hours Min.
10a. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS O work done during most of working life, even if retired) Sheet Metal Worker	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Pauls	Mary Sauers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yee, give war or dates of service) SECURITY N	17. INFORMANT ADDRESS
213-03-57	39 Mrs. Agnes E. Pauls, 4023 Ecnodale
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ODISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	teria pelustic Dyputenist Slines 15 yrs.
TO THE DISEASE OR CONDITION CAUSING IT. 19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF O	DPERATION 20. AUTOPSY?
A CONTRACT OF CONT	YES NO
U 21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH	a.g., in or bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY	URRED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT W	ORK ORK
22. I hereby certify that I attended the deceased from_	6/22, 19 5/ to 2/2, 1950, that I last saw the
deceased alive on 2/1, 1953, and that death of	ceurred at 3: Mm., from the causes and on the date stated above.
23A. SIGNATURE J. J. J. M. D. D. M. D.	
Burial 2/5/53 Loudon P	ark Cemetery / Baltimore, Maryland
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25. RUNGRAY DIRECTOR ADDRESS

VS 150

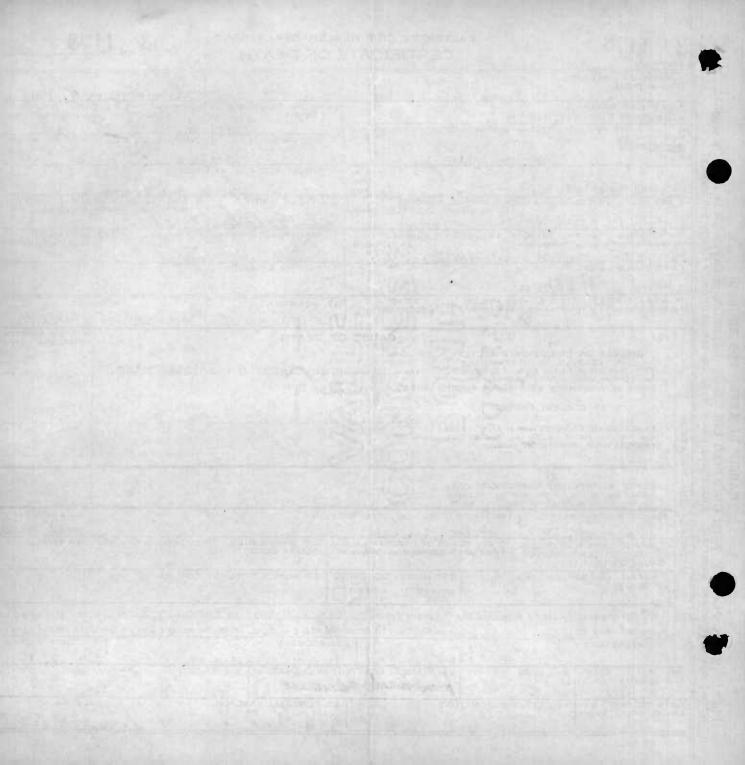
boal Sigh introduce broffred dubb , house.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.178

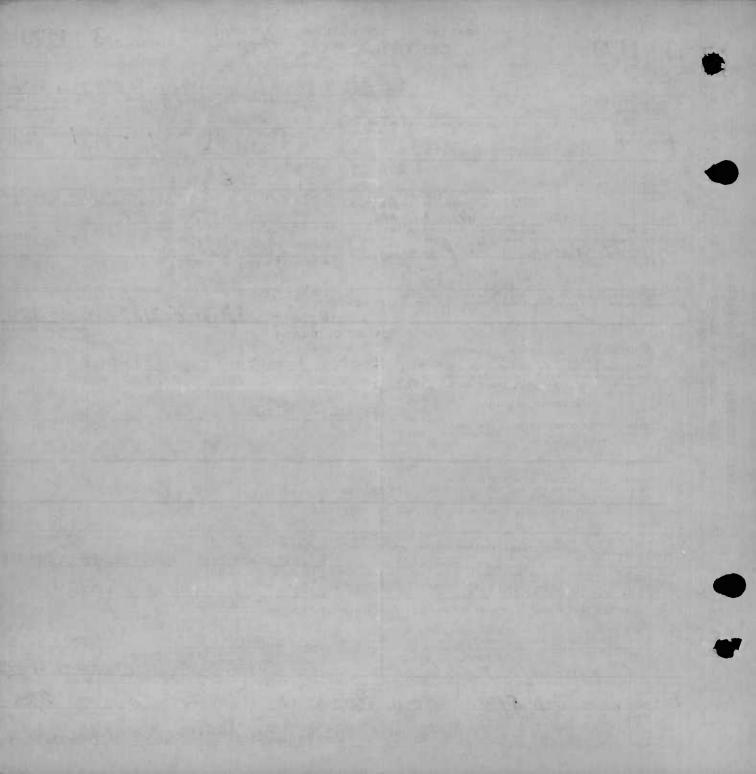
B	IRTH NO.		
1	NAME OF DECEASED Type or Print)		2. DATE OF
1	Matthews, John A Rchie		DEATH Pebmiary 2, 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W. A. STATE	here deceased lived. If institution; residence B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		and putside corporate limits write RULA Land give township)
	St. Joseph's	Balti	
	Yrs.	D. STREET ADDRESS (If r	ural, give location)
1 0	Length of stay in Baltimore Days	F208 1	Trowlet Arrange
11	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	Hanlet, Avenue 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min.
1	W Married	Oc1. 14-1811	8/
10	DA. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY?
11.0	achinist - Retired - Washington Mails		WHAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	rolina ME
J	David Mathews	2.	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS // /-
		Mr. JOHN D.	MATTHEWS - 5308 WANGET
	18. 422,1 and 194 X CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH	eriosclerotic car	diamagnilan
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	erroscrero mrccar	OLOVAD CULTAT
	injury or complication which caused death.) DUE TO dis	ease	
	ANTECEDENT CAUSES		
Z	(B)	***************************************	
10	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
A	UNDERLYING CONDITION LAST.		
0	(C)		•••••••••••••••••••••••••••••••••••••••
RTIFICATION			
1 2	OTHER SIGNIFICANT CONDITIONS CON-		
l iii	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	laft avilla	
1	19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
AL	January 30, 1953 Sarcoma, lt. axilla		YES NO X
비일	214 ACCIDENT WAS LINDER 218, PLACE OF INJURY (e. g., h	n or 21c. WHERE DID (If	in Baltimore City, give exact location)
AEDICA	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	etc.) INJURY OCCUR?	
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?
11	OF INJURY WHILE AT NOT WHILE		
	m. work AT WORK	00 1172 F	3
	22. I hereby certify that I attended the deceased from January		
			ie causes and on the date stated above.
	23A. SIGNATURE	238. ADDRESS	23c. DATE SIGNED
	1018 Velez M.D.	71.00 N Caroline	St. Feb. 2, 153
	4A. BURIAL, CREMA- 24B. DATE 24 NAME CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or county) (State)
-	Baria 2553 Markewood	donc Tien	all ms.
C	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS (
	OCAL REGISTRAR A Justing on - design of	8 1 H 1 7	Cant Han Hard Red



G	ally supplied. T
MARGIN RESERVED FOR BINDING	TTH UNFADING INK. Every item of information should be caulty supplant. Physicians: please write the causes of death clearly and leg. iy.
	IT.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	79	CEF	RTIFICAT	E OF DEAT	ГН	Registered	X62	7,1,0
1. NAME OF (Type or Print)	DECEASED JO	HN	GAJEWSK			OF Febr		
3. PLACE OF	DEATH: City, Maryland			4. USUAL RESID	DENCE (Where	deceased lived, I B. COUNTY	f institutio	n : residence fore admissio
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution, giv	e street address of location	Ma:	ryland N (If outsi	de corporate lim		RURAL and gi
INSTITUTION	Johns Hopki	ns Hospital	1	Bal	ltimore	for	0	townshi
The said of			Yrs. Mos.					
c. Length of	stay in Baltimore		Day	. 11	18 E Pra			
5.sex Male	6.COLOR OR RACE	7. SINGLE, MAR WIDOWED, DI	RRIED, IVORCED (Specif	8. DATE OF BIR	1/3.6	age (In years ast birthday) Mout 77	H Under 1 Year Ionths: Da:	ys Hours Mi
10A, USUAL O		100	NO LONG	11. BIRTHPLACE Pot 14. MOTHER'S M	(State or foreign			IZEN OF IAT COUNTR
15. WAS DECEA	SED EVER IN U. S. ARMEI	OFFICES? 16. S	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
			JEGOMITI NO	marion	Hairus	ki 3128	Ellio	tt St
18. E 8	12.4		CAUSE	OF DEATH	0		INTE	ERVAL BETWE
(This do heart fai	ASE OR CONDITION LEADING TO DEA es not mean the mode of the control of the control of the complication which of the control of	TH of dying, e.g., ans the disease, caused death.)	suxxx righ			right arm	and	
Z DISEAS	ES OR CONDITIONS, I		(B) Frac	tured pelvi	5	*********************		••••••••••••
O RISE TO	THE ABOVE CAUSE (A)	STATING THE	OUE TO					
∢			(C)					
TRIBUTII	II SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	Arterios	sclerotic car	rdiovascu	lar disea	.se	
	OF OPERATION 1	98. MAJOR FIND	INGS OF OPE	RATION				AUTOPSY'
UNDERLYL	RNAL CAUSE WAS NG 陷 OR CONTRIB- CAUSE OF DEATH.	about home, farm, fact		.,etc.) INJURY OCC		Baltimore City,	give exac	et location)5
			NJURY OCCUR	RED 21F. HOW D	o injury oc	CUR?		
	tify that I took char vidence obtained by	ge of the rema			Autopsy Autopsy, Inspe	ction or Inquiry	7	eon and fro stated abo
and o	leath in my opinion	resulted from:	natural eaus	es [], accident X	l, suicide □,	homicide [],	undeter	mined [].
14	Illian //	milk		ASSISTANT	MEDICAL EXAM VESTIGATOR	INER		ry 2, 19
24A. BURIAL. TION, REMOVAL	CREMA- 24B. DATE	/		ERY OR CREMATOR		TION (City, tow	n, or count	y) (Stat
Entoum		1953 H	oly Re	sary.	Balto	r. Co.		Mod
DATE RECEIV LOCAL REGIS	ED BY REGISTRAR	S SIGNATURE	9	Was J 7	RECTOR	2007	Exton	so and
VS 151	1933		7.00	A ILLIANOVIEW		2001/3	4-4-61	1
V S 151 /\/	1808.2							

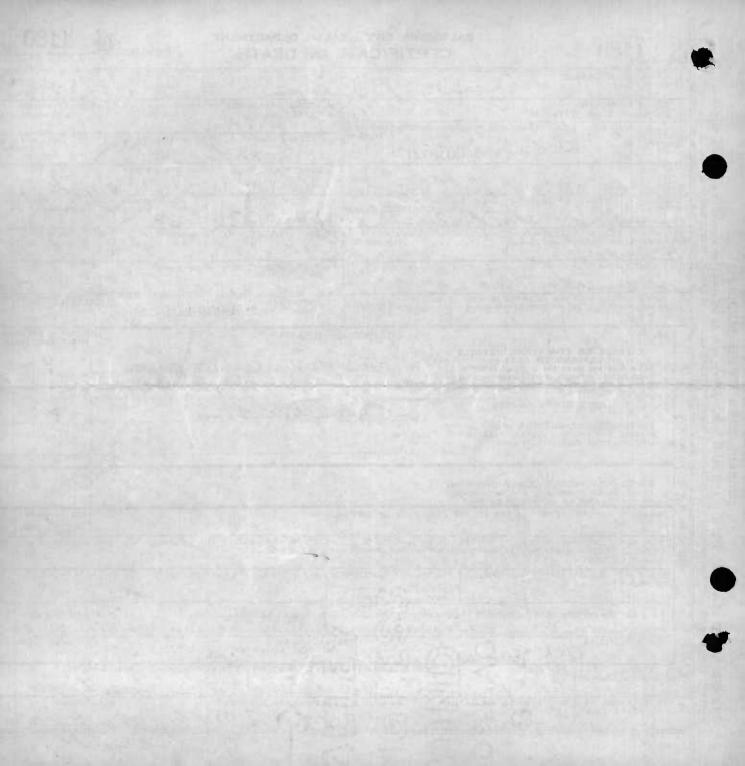


N-452 33 1180

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1180

22	=						
	1. (T)	NAME OF DECEASED Flavie Wil	lians 2. DATE DEATH Fel	2.1.1953			
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before a (mission)			
	B. 1	FULL NAME OF (If not in hospital or institution, give street address or location)	Mod,	011			
		STITUTION HOPKINS HOSPITAL	c. CITY OR TOWN , (If outside corporate finits,	write RUR LL and give township)			
	-6	Yrs.	D. STREET ADDRESS (If rural, give location)				
Icki	c.	Length of stay in Baltimore 13 The Days	1219 n. Chester St.				
7	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIPQWEED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years	der I Yest If Under 24 Hours hs; Days Hours Min.			
77	10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	7-4-1886 66				
Lear	work	done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?			
ן ניו	13	FAPHER'S NAME	14. MOTHER'S MAIDEN NAME				
Tear	1	Samuel Esque	Chamaie Chama				
7	15. (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INTORMANT HODVING HOSPITAL ADD	RESS			
200			HOPKINS HOSPITAL				
Can		7467	OF DEATH	INTERVAL BETWEEN			
OTISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Oxfarioscheritic Caedio vascular							
211	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Ortinory (Living Living Li						
AA		ANTECEDENT CAUSES					
das	Z DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABDVE CAUSE (A) STATING THE DUE TD							
CHE	FICA.	(C)					
OTHER SIGNIFICANT CONDITIONS CDN-							
LILY	CE.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
Carr	S.	21a. ACCIDENT WAS UNDER- 21b. PLACE OF INJURY (o. g., it	nor 21C. WHERE DID (If in Baltimore City, giv	YES ND			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
1	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	ED 21F, HOW DID INJURY OCCUR?				
ally		m. WHILE AT NOT WHILE					
heer	22. I hereby certify that I attended the deceased from 1-28, 1953 to 2-1, 1953 that I last saw						
2			red at 9.30 Pn., from the causes and on the	date stated above.			
2		a. H. Cleveres . M. D.	JUHNIC HUDKINIC MUCLILAI	EGC. DATE STORED			
20	24 TIO	A. BURIAL, CREMA- 24B. DATE 24E. NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City town, or	eounty) (State)			
ובבר	1	Quring Tet. 3 /53 Mr. Call	25 JUNERAL DIRECTOR	ly My			
202		CAL REGISTRAR	DW NOTE BUILDING	DORESS			
	1	EB3 1953 Tuntington, the hoteles 1835	Y TRIOX THEY ! L. CECCIO &	Daugher			
		Vs Y50 1000	1129 11. Caroline	Sh,			

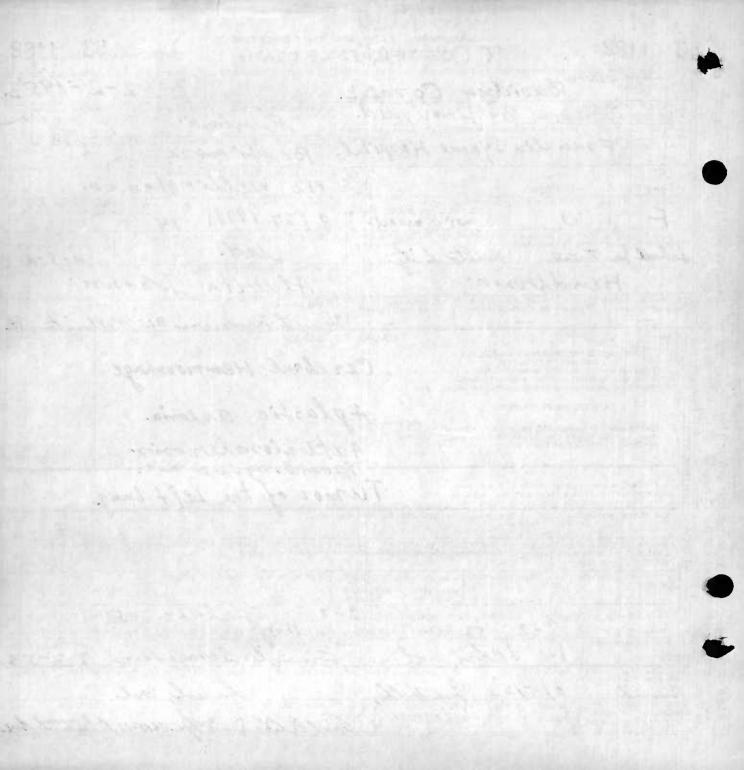


ANTERNY BUTCHERE

BALTIMORE CITY HEALTH DEPARTMENT Registered No 3 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Davidson Coza OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence allimore, ud. A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURLL, and give INSTITUTION F 7 AV mo (If rural, give location) Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. plnous IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information 13. FATHER'S NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. item of 1r 18. CAUSE ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY HLIM YES T 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 1953 to 2 - 2 -2 - 2 , 1953 that I last saw the 22. I hereby certify that I attended the deceased from. 19_C2. and that death occurred at _____ from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) PLEASE TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR VS 150

BINDING

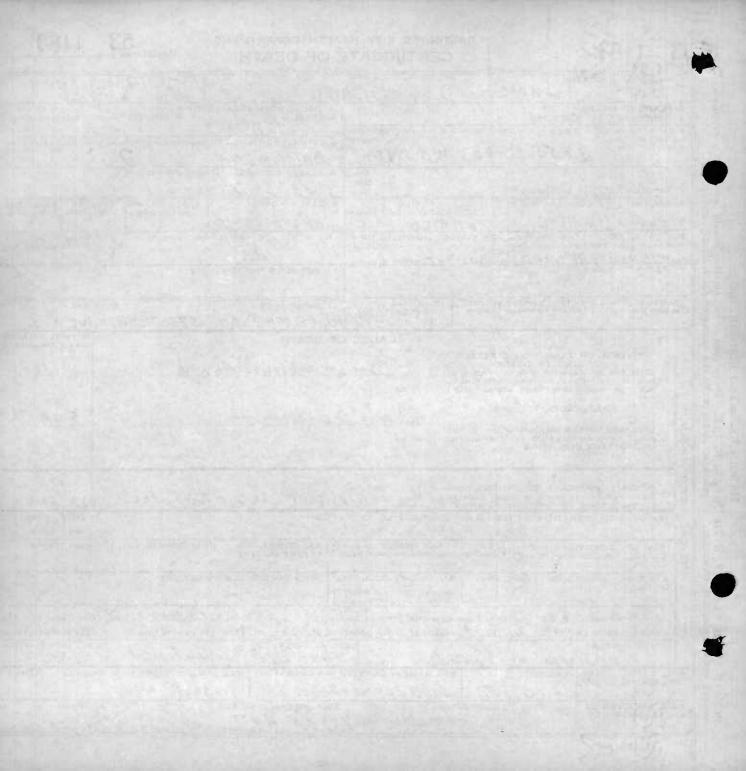
RESERVED



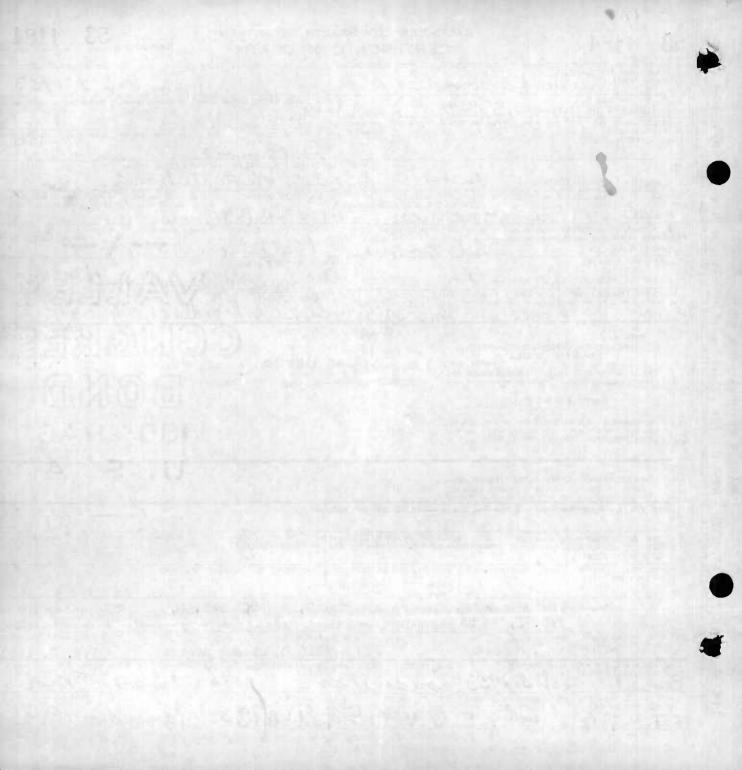
PLEASE

1	-
The	4
supplied.	
ılly	
3	99
be	7
should	sarly an
nformation	of death cle
of i	9
item o	ne cans
Every	write t
INK.	nlease
E PLA Y, WITH UNFADING INK. Every item of information should be complished. The	Physicians:
WITH,	ortant.
Y	imp
1	A
PL	ecia
田	Sp

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE e bruary AMES (Type or Print) BEARD OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, werte RURAL, and give INSTITUTION 3355 CHESTNUT AVE BALTIMORE o. STREET ADDRESS (If rural, give lecation) Yrs. Mos. CHESTNUT AVE c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | if Under 1 Year | if Under 24 Hours | last birthday) | Months; Days | Hours; Min. MALE WHITE SEPT 8 1874 MARRIED IOA. USUAL OCCUPATION (Give kind of II. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MACHINIST , RETIRED 13. FATHER'S NAME BURNS BOTTLING CO 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowo) SECURITY NO. 3355 CHESTNUT AVE 212-10-7238 ALICE MBEARD INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DRONCHO pheumoniA 6 CAYS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) LAGRIPPE 5 days RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONpertensive CARDIO - VASCULAR Disease sy TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICA 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from July 13, 1948, to Lebrune 12, 1953, that I last saw the deccased alive on -th. 2 1953, and that death occurred at 3.40 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23a. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE TAYLOR AVE MORELAND PARK DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR



D	5 B	5 40 3 1184 IRTH NO.		CITY HEALTH		Registe	53	1184
ied.	(1	NAME OF DECEASED Type or Print) PLACE OF DEATH:	onnelly	dr		2. DATE OF DEATH	Feb 2	2.1953
fully supplied ly.	В.	Baltimore City, Maryland 512 + FULL NAME OF (If not in hospital or in OSPITAL OR	Vestgate A	address or	md_	B. COUN	ITY	before admission
fully oly.		ISTITUTION		Yrs. O. STRI	altimore	utside corpora	77	RURAL and giv
be d legi		Length of stay in Baltimore SEX 6.COLOR OF RACE 7.50	INGLE MARRIED.	Mos. 51	2 Westga	te Roc	id	Year If Under 24 Hours
rly an	10	Male White of	HATUES KIND OF BUSINE	(Specify) Nov	THPLACE (State or fore	last birthds	Months	Days Houra Min.
NDING information should be fully of death clearly and legibly.	1.	No Prulo June 15 Properties (Section 1) True 100 June 100		NDUSTRY 6	altimore THER'S MAIDEN NAM	ma		WHAT COUNTRY
ING forma f deat	15	John Donnel 5. WAS DECEASED EVER IN U. S. ARMED FORCE	Ly 16, SOCIAL	114 m	unie Fle	iusch	midt	
of of ises	(Ye	4, no or unknown) (II yes, give war or dates of serv	216-3	2-4078 Da	de a. Donne	lly 5/2	Hestas	toRd-19
FOR y item		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin	CTLY	lodgkins Dis			V	Aug. 7. 19
RVED FO		heart failure, asthenia, etc. It means the Injury or complication which caused	disease,		50456	***************************************		
RESEI INK. please	ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING NG THE DUE TO					
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED					
H	AL (AJOR FINDINGS	OF OPERATION				20. AUTOPSY?
LY, WITH	MEDIC		B. PLACE OF INJU home, farm, factory, stree		WHERE DID (If URY OCCUR?	in Baltimore	City, give e	exact location)
lly	-	210. TIME (Month) (Day) (Year) Hour OF INJURY) 21E. INJURY WHILE AT WORK	OCCURRED 21F.	HOW DID INJURY	occur?		
TTE PI especia		22. I hereby certify that I attended deceased alive on Feb. 1, 19 23A. SIGNATURE	l the deceased fr	om August 7, ath occurred at 238. ADDI	fa.m., from the	e causes and	on the da	tc stated above
PLEASE correct age	24	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) Jeh 5- 195	3 Louds	F CEMETERY OR CR	REMATORY 240.100	CATION (City		eb. 3, 1953 unty) (State) Md.
PLE	DL	ATE RECEIVED BY REGISTRAR'S SIG	TO FILLIAM	25. FUN	SALER 531	Edruc	ndson	w ave
		VS 150		24061	+			



)40	6	50	
少3		1180	

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF Charles A. Durm DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit waite RURAT and give INSTITUTION wownship) Cromwell & Hanover Sts. Balto. City S.E.C. Yrs. D. STREET ADDRESS (If rural, give location) Mos. Cromwell & Hanover Sts c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Woder | Woder 24 Hours | last birthday) | Months: Days | Hours: Min. 6. COLOR OR RACE Male White Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Repairer of Boats Marine Baltimore, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Durm 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Phoebe A. Durm, Cromwell & Hanover 18. 11.22.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WRILE AT WORK AT WORK . 1923 that I last saw the 22. I hereby certify that I attended the deceased from i . 19___. to m., from the causes and on the date stated above. and that death occurred at deceased alive)on

23A. SIGNATURE

248. DATE

24C. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

Burial DATE RECEIVED BY COCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

I953 REGISTRAR'S SIGNATURE

Cedar Hill

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Hymny flining meetigetil

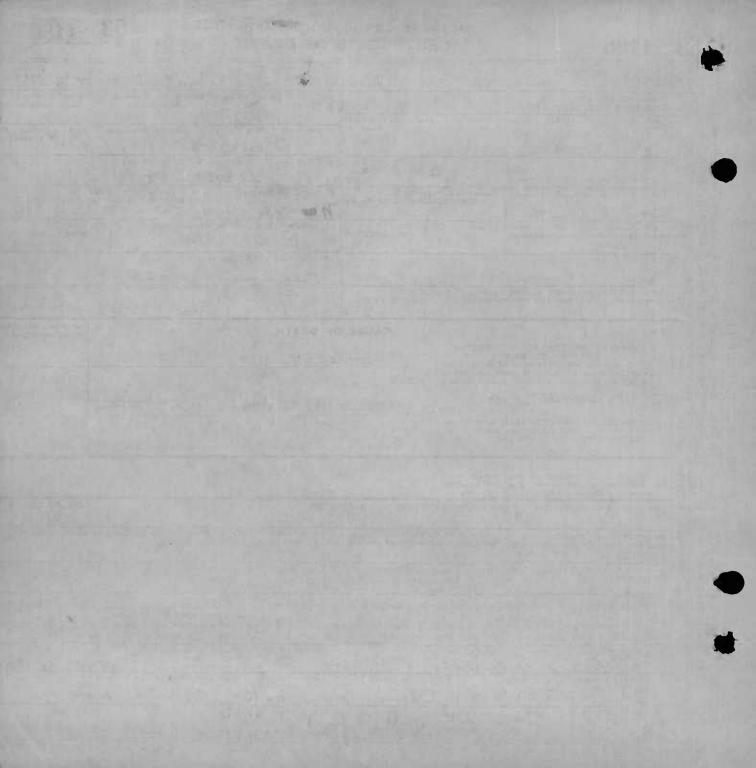
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

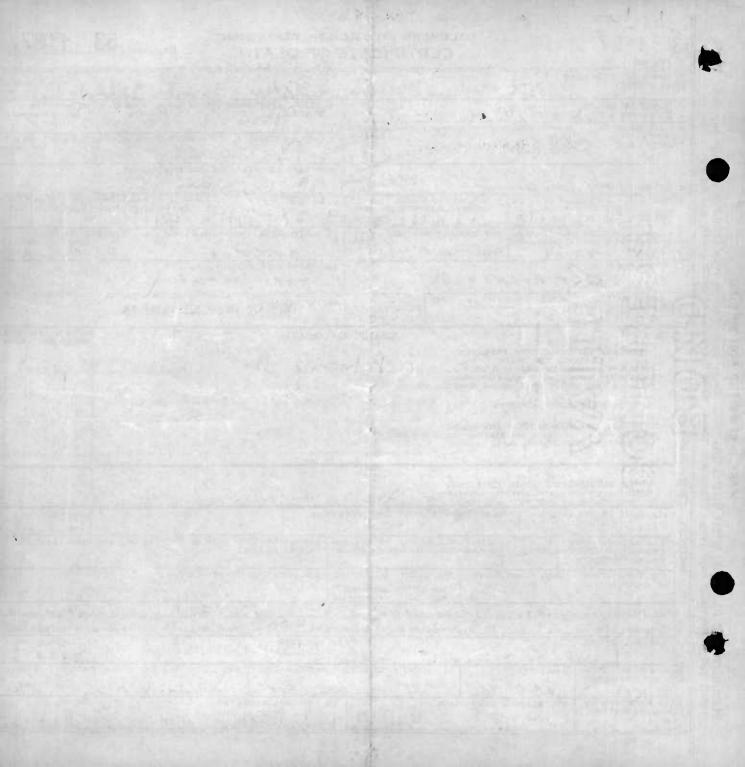
1186

_	RTH-No. 17						
1. (Ty	NAME OF DECEASED VDe or Print) NORMAN JONES	2. DATE OF DEATH February 1, 1953					
	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission					
HO	FULL NAME OF (If not in hospital or institution, give street address or operation)	C. CITY OR TOWN (If outside corporate finits, write KULIAL and gi					
INS	Provident Hospital	Baltimore / / townshi					
0	Yrs.	D. STREET ADDRESS (If rural, give location)					
	Length of stay in Baltimore Days	542 Dolphin Street 8. DATE OF BIRTH 9. AGE (In years) M Under 1 Year M Under 24 Mor					
	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Mit					
10/	Ale Colored M A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) O	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR					
OI K	Lolor R. R.	Balto mal WHAT COUNTR					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Some Jones	Denne. Butts					
15. (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	DISEASE OR CONDITION DIRECTLY	OF DEATH ary occlusion					
TIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rdial fibrosis					
日兄	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
0	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES X NO					
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK						
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry						
	and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above \mathbb{Z} , accident \square , suicide \square , homicide \square , undetermined \square .					
		238 CHIEF MEDICAL EXAMINER					
24 TIO	DIN. REMOVAL (Specify) 7/7/53 Cuber 1	ry or CREMATORY 24D. LOCATION (City, town, or county) (State					
	THE RECEIVED BY REGISTRAR'S SIGNATURE CONTROL OF THE RECEIVED BY RECEIVED B	Joseph + Lucille Run					
V	S 151 97	2222 W. now 4					

850

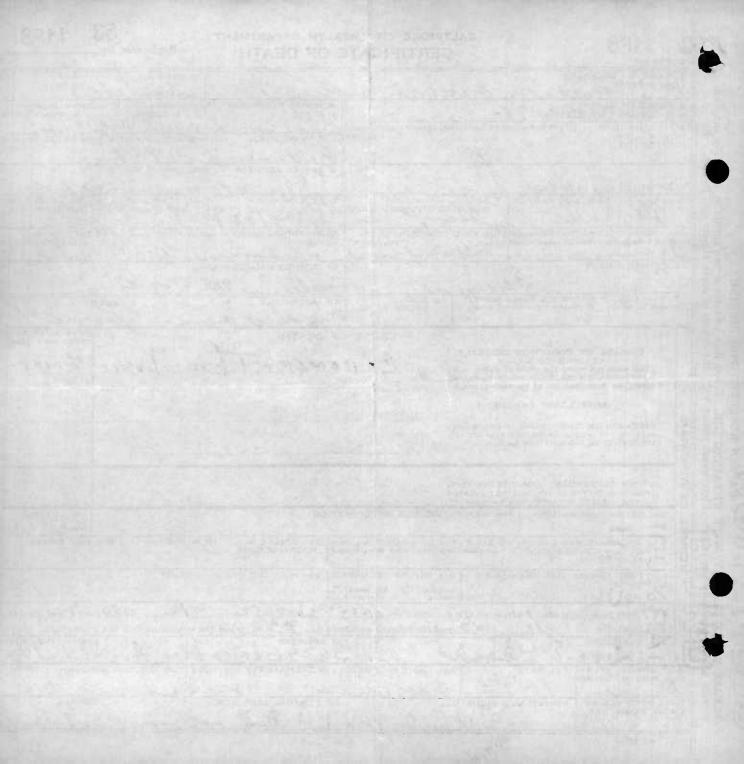


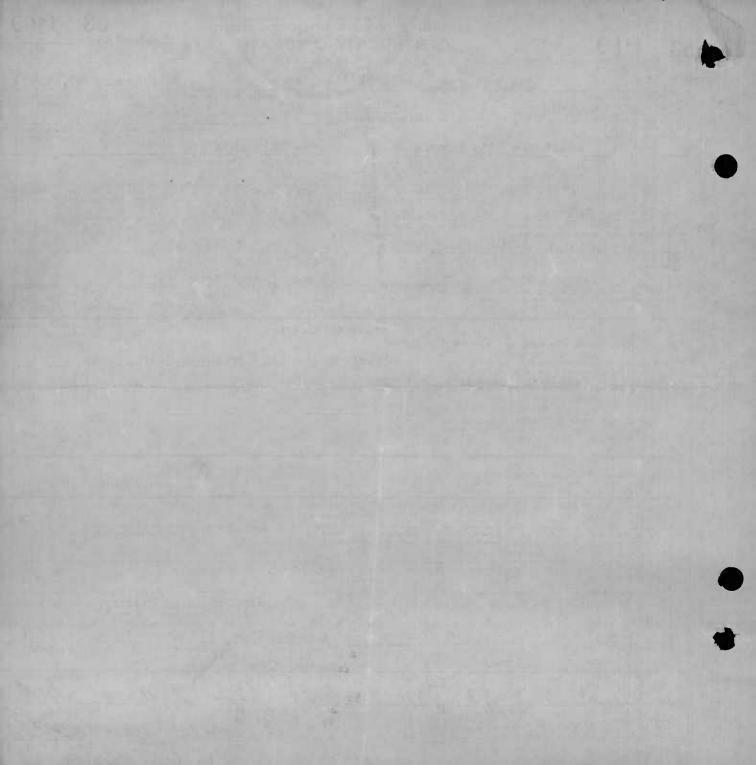
	70/20 Eyam Corse Released	
53 BI	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered NO. REGISTER OF DEATH REGISTER OF DEATH	1187
	NAME OF DECEASED Stephen Richwalds 2. DATE OF DEATH Tel.	1,1953
Α.	PLACE OF DEATH: Baltimore City, Maryland Maryland A. STATE B. COUNTY 4. USUAL RESIDENCE (Where deceased lived. If institution, sive street address or stree	tution: residence before admission)
HC	OSPITAL OR STITUTION HOPKINS HOSPITAL location) C. CITY OR TOWN (If outside corporate lights, wr	ite RURAL and give township)
3. c.	Length of stay in Baltimore Length of stay in Baltimore Yrs. Mos. Days	đ
5.	MALE WHITE SINGLE, MARRIED, Specify 9-26-1911 9. AGE (In years last birthday) Months	1 Year If Under 24 Hauss Days Hours Min.
work		CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME VINCENT RYCHWALSK: MARY SCHNEL	
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yos, give war or dates of service) 2/8-09-(217) 16. SOCIAL SECURITY NO. 2/8-09-(217)	ESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ICATION	ANTECEDENT CAUSES (B)	
CERTIFI		
	OTHER SIGNIFICANT CONDITIONS CON-	
AL	OTHER SIGNIFICANT CONDITIONS CON-	20. AUTOPSY7 YES ND
ار	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. COMMITTED ALCOHOLISM	YES ND
CAL	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 19B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 19D. TIME TO THE DEATH OF THE DID (If in Baltimore City, give lying) OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	YES ND
CAL	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from , 195, 3to 3,	exact location)
CAL	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from the deceased alive on	exact location) at I last saw the ate stated above BC. DATE SIGNED
MEDICAL	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 23A. SIGNATURE 23B. APPRESS HOPKINS HOSPITAL 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or cause) 33C. ALCOHOM (City, town, or cause) 24D. LOCATION (City, town, or cause) 24D. LOCATION (City, town, or cause) 24D. LOCATION (City, town, or cause) 34C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or cause) 24D. LOCATION (City, town, or cause) 24D. LOCATION (City, town, or cause) 34C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or cause) 25D. APPRESS 46D. APPRESS 46D. APPRESS 47D. APPRESS	exact location) at I last saw the ate stated above. BC. DATE SIGNED County) (State)
MEDICAL	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from MORK ATWORK 22. I hereby certify that I attended the deceased from MORK ATWORK 23B. ADRESS. M. D. 4A. BURIAL. CREMA- ON, REMOVAL (Specify) BURIAL REMOVAL (Specify) REGISTRAR'S SIGNATURE 225. FUNERAL DIRECTOR ADOCAL REGISTRAR REGISTRAR REGISTRAR REGISTRAR 255. FUNERAL DIRECTOR ADDITIONAL AND ADDITIONAL AD	exact location) at I last saw the ate stated above. C. DATE SIGNED (State)



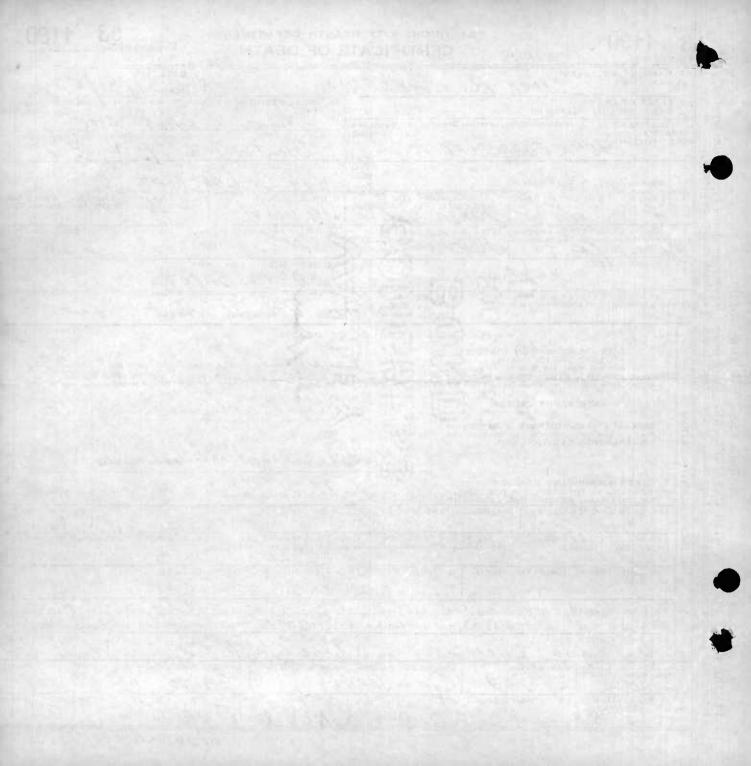
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4 3. PLACE OF DEATH: 4/USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 3 A. STATE B. COUNTY before admission) 80 (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limit, write RURAL and give C. BITY OR TOWN INSTITUTION lamar Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE MARRIED (Specify) 8. DATE OF BIRTH 9. AGE in years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF workflone duting most of working life, even if retlred) INDUSTRY WHAT/COUNTR ਹ avenu groner. death 13. FATHOR'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER/IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes NTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ry ite LEADING TO DEATH MIRONARY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY X, WITH YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from November 195240 195 that I last saw the Ym., from the causes and on the date stated above. 19 and that death occurred at_ deceased alive on. 21A. SION ATURE 24A. BURIAL. CREMA-248, DATE 24c. NAME OF CEMETERY TION, REMOVAL (Specify) RIC nal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

township)





F	3	3 (1190 IRTH NO.	(ECEIL		CERTIFICA			Registere	53 ed No.—	1190
ed. T	T)	NAME OF D 'ype or Print)	CEC1L.	IH R.	FREDE	RICK		2. DATE OF DEATH	/31/	5-3
ippli	Α.		City, Maryland			A. STATE	ESIDENCE (Where deceased live		tion : residence before admission)
ully supplied y.	H	FULL NAME OSPITAL OR ISTITUTION	11		ution, give street address locat		rown (III	f outside corporate l	imits, write	e KURAL and give
a Ba	0	U Longth of s	tan in Paltiman		M	os. U.STREET A	1-	rural, give location	D-C	
and be	-	SEX	6. COLOR OR RA	CE 7. SING	LE. MARRIED, WED, DIVORCED Spe		BIRTH 188/	9. AGE (In year		Year If Under 24 Hours Days Hours Min.
on shou	1C wnrl	A. USUAL OC	CUPATION (Give king of working life, even if ret	ad of 10B. KIA	D OF BUSINESS OF		ACE (State or f	oreign country)	W	ITIZEN OF THAT COUNTRY
atio		1000	NAME /	VORRI	5	14. MOTHER / DA	'S MAIDEN N	AVERS		1
BINDING of inform uses of dea	(Ye	o, was deceas o, no or unknown)	ED EVER IN U.S. AF (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY N	Mrs. //e	moth.	Albert,	ADDRES	ss ve
FOR y item		(This doe heart fail	SE OR CONDITION LEADING TO ITS not mean the moure, asthenia, etc. It complication whi	EATH de of dying, e means the dise	Y (A)	Cerebra	e the	ombosis;		TERVAL BETWEEN NSET AND DEATH
RESERVED INK. Even please write	NO	DISEASE	ANTECEDENT C		(B)	Cerebras	Laste	noselus	reis	5yr
r le	IFICATIO		THE ABOVE CAUSE YING CONDITION		THE DUE TO	General	azed as	Luoselu	neis	7
MARGIN UNFADING Physicians:	CERTI	TRIBUTIN	SIGNIFICANT CO G TO THE DEATH, DISEASE OR CONDI	BUT NOT RELA	TED	Infleur	20-			Ink
TH of.	AL	19A. DATE O	OF OPERATION O	19в. МАЈО	R FINDINGS OF O	PERATION				20. AUTOPSY?
LY, WITH	MEDIC	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)		_ACE OF INJURY (e e,farm,factory,street,office b			If in Baltimore Ci	ty, give ex-	act location)
LAAL ially im	~	21D. TIME OF INJURY	(Month) (Day) (Y	ear) (Hour) m.	21E. INJURY OCCU	HILE	V DID INJUR	Y OCCUR?		
rE PI especi		deceased a	live on Sa		e deceased from, and that death o	ceurred at/2:05	Am., from t	Feb 1, 1 the causes and o	on the dat	te stated above
E W	2.	23A. SIGNA FRE 4A. BURIAL, ON REMOVAL (dereck	E Vall	M. D. 24C. NAME OF CEM	238. ADDRESS	fork !	OCATION (City, to	Fu	L. 1953 inty) (State)
PLEASE W	1	ATE RECEIVE OCAL REGIST	D BY REGISTR	AR'S SIGNAT	161111	25. FUNERAL		YLTO. M WELL		RESS
		VS 150		0	7	2084		JOOOKA	WN	7



15	52
53	1191

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	1191
Registered	No	Total contra

-18	RTH NO.						
	NAME OF D ype or Print)	Jen:	nie Per	nnington		2. DATE OF DEATH	Feb. 1953
A.		City, Maryland			A. STATE		lived. If institution : residence NTY before admission)
B. H	FULL NAME OSPITAL OR	Kenesaw N	oital or institu	tion, give street address or location)		(If outside corners	ate limits, write RURAL and give
111	STITUTION	601 Rosly	n Ave	Home	Baltimo		township)
0	3	TOOL HODLY.	11 11 000	78 Yrs.		SS (If rural, give locat	tion)
C.	Length of s	tay in Baltimore		Mos. Days		lmont Ave	
1	SEX	6. COLOR OR RAC	E 7. SINGL	E, MARRIED.	8. DATE OF BIRTH	9. AGE (in y	ears II Under I Year 11 Under 24 Hours
1	emale	White		VED, DIVORCED (Specify)		863 89	ay) Months Days Hours Min.
WOI	done during most o	f working life, even if retire	d)	O OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	tired S	chool Tea	cher I	Balto. City	Md.		
13					14. MOTHER'S MA	IDEN NAME	
1-	Not K				Not Known		
(Ye	, no or unknown)	D EVER IN U.S. ARM (If yes, give war or de	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	a G McGee 3	ADDRESS 247 Belmont Ave
-	10 0 0 1	4		none		G G.MCGGG S	INTERVAL BETWEEN
	18. 33/	E OR CONDITION	DIRECTLY	CAUSE	OF DEATH	0 1	ONSET AND DEATH
	(This does	LEADING TO DE not mean the mode	ATH of dving, e.	in (QN	ebral 1	Women ha	ul lucole
	heart failu	re, asthenia, etc. It m complication which	cans the discar	se,	• • • • • • • • • • • • • • • • • • • •		
				, 50			
7	3571.31.30	ANTECEDENT CAL	JSES	(B)			MISS MISS MAN
∥ <u>ō</u>	DISEASES	OR CONDITIONS,	IF ANY, GIVE	NG	***************************************	*** - ** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
A	UNDERLY	ING CONDITION	LAST.	(C)			
ERTIFICATION				· ·			
E	OTHER S	II IGNIFICANT CON	DITIONS CO	N •			
	TRIBUTING	TO THE DEATH, BU	T NOT RELAT	ŁD .			
0		F OPERATION O		FINDINGS OF OPER	RATION		20. AUTOPSY?
₩.	CEVE				CONTRACTOR OF THE PARTY OF THE		YES NO X
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER PROPERTY OF THE	218. PL. about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) 21c. WHERE D		City, give exact location)
Σ	21D. TIME	Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I hamah	y certify that I a			16 1067	1, 211	10 Rahat I land on water
	deceased al		19 13	and that death occur	rred at 1020 m	from the causes and	., 19 that I last saw the d on the date stated above.
	2/3)A. SIGNA		, 1044,	and that death occur	38. ADDRESS	A CHE CAUSES WILL	23c/DATE SIGNED
	Paley	Xtac (Kei	ter	м. D.	3408 Win	Assor alex	1. 2/2/53
2	AA. BURIAL, (S	REMA- 248, DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (City	y, town, or county) (State)
	urial	2-4-1	953	Lorraine Pa	rk	Woodlawn,	Md.
	ATE RECEIVE		R'S SIGNATI	URE .	25. FUNERAL DIR	CTOR	ADDRESS
1	FR3 1	153 +	tribiotos	13 6 Quid, 100	Roward?St	dong 3207 W	North Ave.,

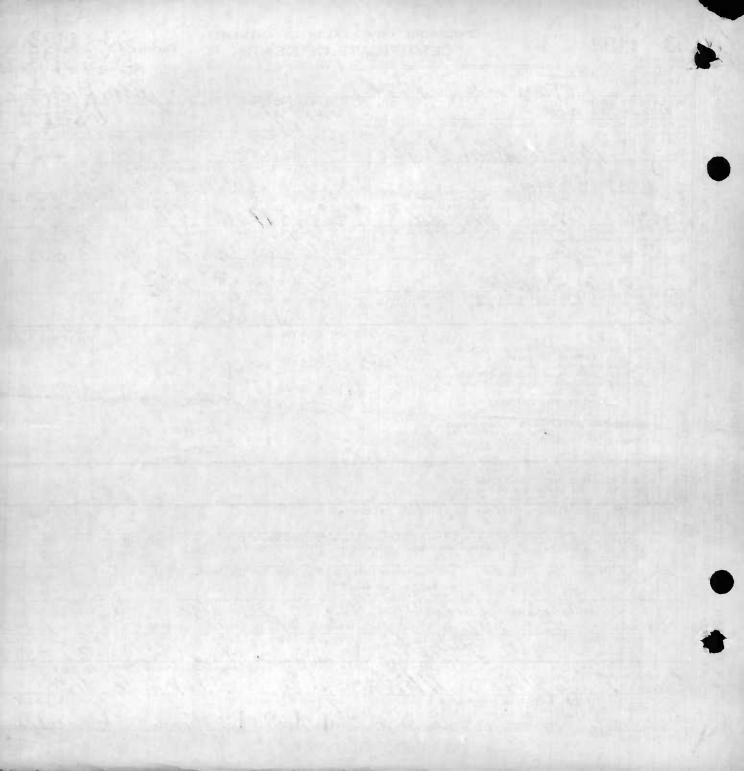
0

VS 150

and district on a few publication of a grid transfer.

	S 1192 IRTH NO.	CERTIFICAT	E OF DEATH	Registered No	1.2.00
	NAME OF DECEASED Toype or Print)	Rollmill		2. DATE OF	2/100
	PLACE OF DEATH: Baltimore City, Maryland	120/00/	4. USUAL RESIDENCE	Where deceased lived, If in B. COUNTY	stitution : residence before admission
В.	FULL NAME OF (If not in hospital or insti	tution, give street address or location)	7/1/1	f outside corporate limits,	,1
11	ISTITUTION 1616 AShlar	not are	Balto.	outside confined in the	township
c.	To anoth of store in Boltiman	Yrs. Mos.	D. STREET ADDRESS	rufal, give location)	
5 10 wor		Days GLE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II U	nder I Year II Under 24 Hou
100	email (07. 7/14	weed	War. 16, 1405	17/	ths Days Hours Mir
wor	A. USUAL OCCUPATION (Give kind of the done string most of working Hise, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country) 1	2. CITIZEN OF
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME)	Kigu.
15	WAS DECEASED EVER IN U. S. ARMED FORCES	Lic cociai	Laura F	Loud	
(Ye	(If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17/INFORMANT BUILD	and ADE	DRESS
	18. 151 X	CAUSE '	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTL	100	(1) (1)		SEAT
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis- injury or complication which caused de-	ease.	i mag		
	ANTECEDENT CAUSES	1	my + Norm	all	
0	DISEASES OR CONDITIONS, IF ANY, GIV	(B)			
CAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
TIFIC	11				
CER	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	ATED			
7		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
ICA	21a. ACCIDENT WAS UNDER. 21B. F	PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City, giv	YES NO L
MEL	LYING OR CONTRIBUTING About hom	ne, ferm, factory, street, office bldg	etc.) INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	
	m. 22. I hereby certify that I attended th	WORK AT WORK		1/21 142	., , , , , , , , , , , , , , , , , , ,
	1/2	and that death occur	2 40/	the causes and on the	that I last saw the date stated above
	23A. SIGNATURE	Moth 2	3B. ADDRESS	119	23C. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE	24C NAME O CEMETE	RY OR CREMATORY 1940	SCATION (City) THE PO	State
12	Wright 647/6903	THE Call	ary Um. Ce	air still	1/10%
	ATE RECEIVED BY REGISTRAR'S SIGNA COLL REGISTRAR THE THE PROPERTY OF THE PROPE	LIHE ON THE	The Note A		ADDRESS 372/
-	L D _V S 150 333	· · · · · · · · · · · · · · · · · · ·	MA MANGEOUS IN	Missone) A	haveded St.
1					

BALTIMORE CITY HEALTH DEPARTMENT



Ily supplied.

UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and leging

E PLA Y, WITH Especially Important.

PLEASE WI

VS 150

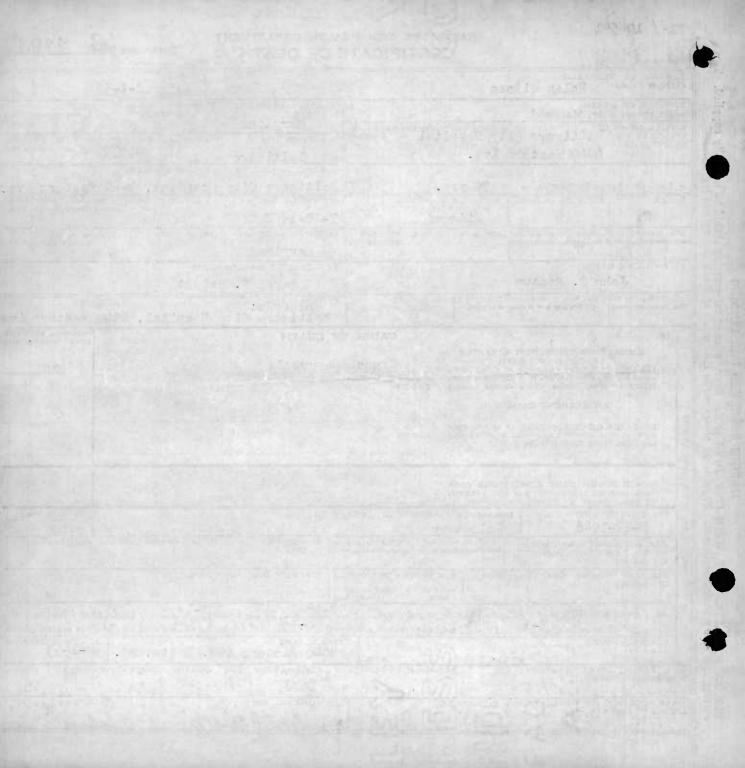
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3 11.93

537H NJ. 15	13		CERTIFICAT	E OF DEATH	Register	red No	1133
1. NAME OF D (Type or Print)	Helen Wils	on			2. DATE OF DEATH 2	-1-53	
3. PLACE OF D A. Baltimore (B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland	al or institut	ion, give street address or pital location)	4. USUAL RESIDENCE A. STATE Maryland C. CITY OR TOWN		ry	before admission
1	4940 Eastern	Ave.		Baltimore	-	-6	{ township
	stay in Baltimore	70 y	Yrs. Mos. Days	b. STREET ADDRESS Baltimore City			Eastern Ave
5. SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify) OWED	7-29-1882	9. AGE (In year last birthday 70	Months	Year H Under 24 Hours Days Hours Min.
work done during most		10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland	r foreign country)	12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S	and a second	5		14. MOTHER'S MAIDEN			
	hn G. Bantum			Sarah L.	Bright		
(Yes, ao or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	Paltimore Cit	y Hospital,	4940	
heart failuinjury or Z O DISEASE: RISE TO T	LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which e ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. ins the disease aused death ES F ANY, GIVING STATING TO	(B)	opneumonia			4days
山 TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D				
19A. DATE 0		Colost					YES NO X
9-27-	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg., c		(If in Baltimore C	lity, give	exact location)
2 1D. TIME OF INJURY	(Month) (Day) (Year)		21E, INJURY OCCURR WHILE AT WORK NOT WHILE WORK		JRY OCCUR?		
deceased a		ended the _, 19 53 ,	and that death occur	9-18, 1946, tg	the causes and	on the d	
23A. SIGNA	Mysh	un Pan	M. D.	4940 Eastern A			2-1-53
ZAA. BURIAL, TION, REMOVAL (S	Specify) 3/3/19 S	3	lam de	w 918. n	LOCATION (City,	sen	Canden
LOCAL REGIST		s signatura	1310 0 10	25. FUNERAL DIRECTO	Mismo	Set	brocked St

0



VS 150

eto 17. Ma.

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

Windertoker - TICKNER

AT LEGG AGESTACIANTES

+ 400					
53 1195 BIRTH NO.	BA	CERTIFICATI	E OF DEATH	Registered 1	3 1195
1. NAME OF DECE. (Type or Print)	Elean	vra Sch	oll	2. DATE OF DEATH	Jr. 3.1953
a. Baltimore City,	Maryland		4. USUAL RESIDENCE (V	Where deceased lived If	institution: residence before admission)
HOSPITAL OR	(If not in hospital or instit OHNS HOPKINS HO	location)	C. CITY OR TOWN (IE	outside corporate limit	s, write RURAL and give
23	ours housing he	Yrs.	D. STREET ADDRESS (If	rural, give location)	township
c. Length of stay		Mos. Days	920)~	C) mon	lace
Famale 3		LE, MARRIED. WED, DIVORCED (Specify)	5-28-1929		onths Days Hours Min.
10A. USUAL OCCUP work done during most of work	ATION (Give kind of 10B. KIN sing life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAMI	ust Sc	holl	14. MOTHER'S MAIDEN	AME	?
15. WAS DECEASED BY (Yes, no or unknown)	R IN U.S. ARMED FORCES? Pres, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKIN		DDRESS
(This does not heart failure, as injury or com	R CONDITION DIRECTLY ADING TO DEATH mean the mode of dying, e thenia, etc. It means the dise plication which caused dea ECEDENT CAUSES CONDITIONS, IF ANY, GIV BOVE CAUSE (A) STATING CONDITION LAST.	Y a.g., (A) arte ase, th.) OUE TO	real hypso	Jenia dicense	INTERVAL BETWEEN
OTHER SIGN	II IFICANT CONDITIONS CONTINUES OF CONDITION CAUSING PERATION 198, MAJO	TŁD	ATION		20. AUTOPSY?
21A. ACCIDENT LYING OR CO CAUSE OF DEA	NTRIBUTING about hom	LACE OF INJURY (e. g., in te, farm, factory, street, office bldg., e		If in Baitimore City,	give exact location)
21b. TIME (Mon OF INJURY	th) (Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby ce deceased alive 23A. SIGNATUR.		and that death occur	- 28, 1953 to red at 4.30 m., from t	he causes and on t	3, that I last saw the date stated above 23c. PATE SIGNED 2 3 5 3
24A. BURIAK, GREN HON REMOVAL (Special BURIAL) DATA RECEIVED BY LOCAL REGISTRAR	7 Jeb 6, 1953	Service Control	emetery yor 25. FUNERAL DIRECTOR	R Mills, V+ Sous Eve.	how york ADDRESS
VS 150	0		The same	19008	utan Place

and higher trees Leant in Just hit magerie

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN T. BARNES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR VA HOSPITAL location) (If outside corpor te limits, write RURAL and give C. CITY OR TOWN INSTITUTION BALTIMORE 18, MARYLAND BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. 3/ c. Length of stay in Baltimore 1610 W. LANVALE STREET 6. COLOR OR RACE 9. AGE (In years If Under 1 Year It Under 24 Hours last birthday) Months: Days Hours: Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) MALE NEGRO NOV. 17, 1896 WIDOWED 10A, USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY SARATOGA, N. C. LABORER LABORING 5 death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VIRGINIA PARKER JASON BARNES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL of 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. VAH.BALTO.18, MD. causes VA HOSPITAL RECORDS UNKNOWN NTERVAL BETWEEN 1024 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PULMONARY TUBERCULOSIS, CHRONIC unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (A) FAR ADVANCED, ACTIVE write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: HEART FAILURE, PULMONARY INSUFFICIENCY OTHER SIGNIFICANT CONDITIONS CON-2 weeks TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED OF INJURY 1953, to_ 19 53 WOOK PLANE KNOWN PROPERTY OF 22. I hereby certify that I attended the deceased from_ determination of the date stated above, 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE VA HOSPITAL. BALTIMORE 18. 24A BURIAL CREMA-TION REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

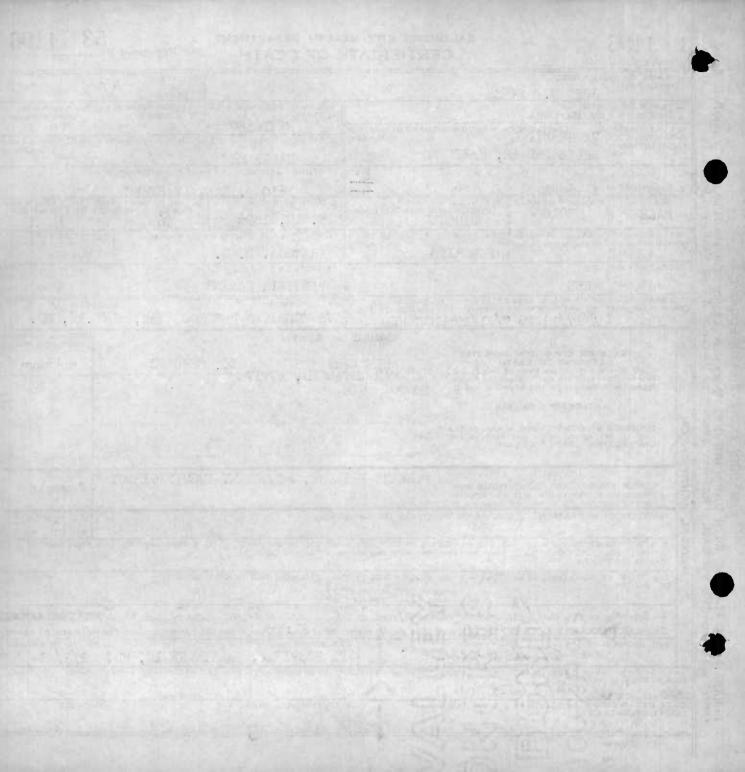
VS 150

plnods

information

RESERVED

INK.

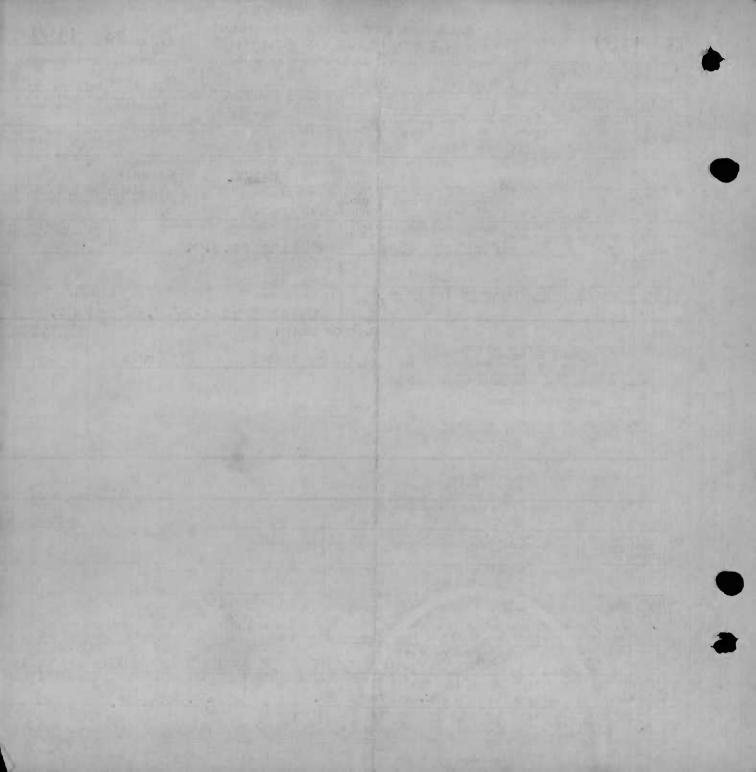


M.	-245							X		
o di	5.	3 1197 BALTIMORE CITY H CERTIFICAT				EALTH DEPARTME	Registered	53 1197 d No. 1197		
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and legisty.		NAME OF DECEASED Type or Print) Milton J. McElhany					2. DATE OF DEATH 2	2-3-53		
	A.	PLACE OF DEA Baltimore Cit	y, Maryland			A. STATE	E (Where deceased lived, B. COUNTY	before admission)		
	H	FULL NAME OF OSPITAL OR ISTITUTION	St. Agnes He		tion, give street address o location	c, CITY OR TOWN	Ball (If outside corporate lin	mits, write RURAL and give township) Cat ons ville		
		Length of sta			Yrs. Mos. Days	D. STREET ADDRESS Spring G:	(If rural, give location)	506		
		Male	COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify Cried	June 6, 1906	9. AGE (In years last hirthday)	Months Days Hours Min.		
	10 work	Attenda	PATION (Give kind of orking life, even if retired)		g Grove Hos	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY		
			erome McElha			14. MOTHER'S MAIDEN NAME Grace Graham				
	(Yes	. WAS DECEASED s, no or unknown)	EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	ERTIFICATION	(This does no heart failure, injury or co AN DISEASES C RISE TO THE UNDERLYIN OTHER SIG TRIBUTING TO	OR CONDITION I EADING TO DEAT to mean the mode of asthenia, etc. It mean mplication which es NTECEDENT CAUS OR CONDITIONS, IF ABDVE CAUSE (A) G CONDITION LAS	H ' dying, e, is the disease used death ES ANY, GIVIN STATING TI FIONS CDI NOT RELATI	NO.	mater h	is de la			
н.	N. C	19A. DATE OF	OPERATION 19		FINDINGS OF OPE	RATION		20. AUTOPSY?		
A Y, WITH	MEDICA	21A. ACCIDEN LYING OR C CAUSE OF DE	IT WAS UNDER- CONTRIBUTING ATH	21B. PL/ about home,	ACE OF INJURY (e.g., farm, factory, street, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City	y, give exact location)		
		21b. TIME (Mo	onth) (Day) (Year)		21E. INJURY OCCUR! WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?			
E PL.		22. I hereby certify that I attended the deceased from 1-2 , 1953 to 2-3 , 1953 that I last saw deceased alive on Z-2 , 1953 and that death occurred at 7:50 m., from the causes and on the date stated about								
PLEASE WI	24	23A, SIGNATUL SA. BURIAL, CRE	MA- 24B. DATE	, -	M. D.	23B. ADDRESS ST. agnes ERY OR CREMATORY 24	Loop. ID. LOCKTION (City, tox	23c. DATE SIGNED 2-3-53 wn, or county) (State)		
EASI rect	TIC	Burial ATE RECEIVED I	2/6/53	3	Lewistown	L	ewistown, P	8.		
PL		LB4 19		Town	V Bialus 7 Mg	Howard H. H.	bbard, 2503	ADDRESS Edmondson Ave		
		VS 150		0	730	FT				

THREE PARTY OF THE PARTY OF THE of the best manual the

-	-	120				
	15	2 1198	BALTIMORE CITY HE	EALTH DEPARTMENT	53	1100
RESERVED FOR BINDING IN INK. Every item of information should be call please write the causes of death clearly and leging.	BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	1198
	1.	NAME OF DECEASED	Carraga		2. DATE OF	
		PLACE OF DEATH:	SAVAGE	4. USUAL RESIDENCE (W	DEATH 2 - 3	titution: residence
	_	Baltimore City, Maryland / A FULL NAME OF (If not in hospital or i	Himbre institution, give street address or	A. STATE Md.	A VOLT	before admission)
	H	DSPITAL OR ISTITUTION 9 / 1 7 D.	location)	11 /	utside corporate limits, w	rite RURAL and give township)
	Fr.	260/ Merpon	T Street	D. STREET ADDRESS (If re	ral, give location)	4/
	C.	Length of stay in Baltimore 4	months Mos.	Λ / 1	MArylAnd	5400
	5.		SINGLE, MARRIED. VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Month	s Days Hours Min.
	10	A. USUAL OCCUPATION (Give kind of 108	Arried . KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country 12	. CITIZEN OF
	Work	done during most of working life, even if retired) VSTER TONNER	INDUSTRY	Helen Crook.	MARY/And	WHAT COUNTRY?
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	NE /	
	15	. WAS DECEASED EVER IN U. S. ARMED FOR	MACE			
	(Ye	s, no or unknown) (If yes, give war or dates of ser	vice) 16. SOCIAL SECURITY NO.	SILSIP SAVA	GO SA W	RESS
		18. 443X	CAUSE	OF DEATH	7 211	INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRE	1/10	on moniA		2 dare
		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease.			200/3
		ANTECEDENT CAUSES	14.	1 1/	a. 4 Dina	
	Z	DISEASES OR CONDITIONS, IF ANY	GIVING (B)	ertensive Hei	art Visease	
A R R	ATI	RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ING THE DUE TO CEY	ebral Acc	ident	
MARGIN UNFADING Physicians:	EDICAL CERTIFIC					
MAI NFA nysic		OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
		194. DATE OF OPERATION 198. M	IAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH tant.		0	a Builde of humay (Loss Wulffer DID (16	to D. W	YES NO
Y, WITH			B. PLACE OF INJURY (e. g., i thome, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
PLA specially			m. WHILE AT NOT WHILE			
P P		22. I hereby certify that I attende deceased alive on 766. 2, 19	d the deceased from No	red at 12i30am., from the	4. 3 , 1953, t	hat I last saw the
		23A. SIGNATURE	ana that aeath occur	3B. ADDRESS		3c. DATE SIGNED
₩ M	24	AA. BURIAL CREMANIZAB DATE	24C, NAME OF CEMETE	427 Surales Con	CATION (City, town, or	(3-3-53)
ASE ct a	Tig	AA. BURIAL CREMA /24B. DATE	-3 Eastern C	hapel Cal	Vest lo	md
PLEASE WI			GNATURE	25. FUNERAL DIRECTOR	AL	DDRESS
H 0	_	FEB4 1951 Turlington	The Market Mark	Isaish L. C.	Brown +	Son
		VS 150		100011m	in to and	11

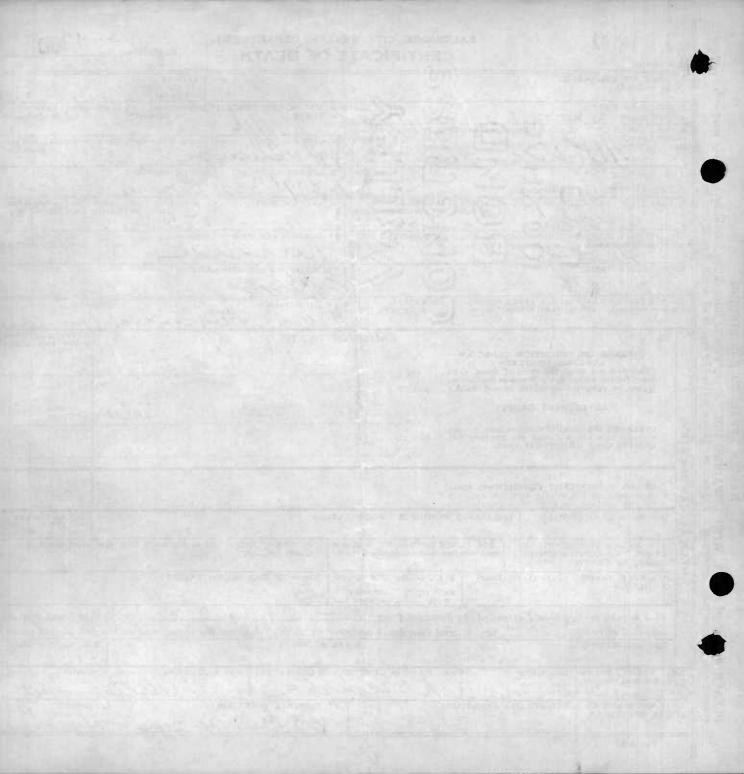
B-) S	119 RTH NO.	9	ВА		EALTH DEPARTMEN	Registered	3. 1199
E ·		NAWE OF Dype or Print)	ECEASED	THELMA	BRYANT			ruary 2, 1953
supplied.	Α.	Baltimore FULL NAME	City, Maryland	osnital or institu	tion, give street address	4. USUAL RESIDENCE A. STATE Marylan	B. COUNTY	f institution : residence before admission
ally sur	H	OSPITAL OR			eneral Hospita	c. CITY OR TOWN	6 and	its, write RURAL and giv
Sibly.	c. Length of stay in Baltimore				Yrs. Mos Day	D. STREET ADDRESS	(If rural, give location) Hughes Street	
d be car	diameter.	sex Female	6.COLOR OR RA	CE 7. SINGL	E. MARRIED. NED, DIVORCED (Specif	8. DATE OF BIRTH	9 AGE (In years)	If Under 1 Year H Under 24 Hours Ionths Days Hours Min.
		A. USUAL OC doneduring most	CCUPATION (Givek of working life, even if re	ind of IOB. KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY
	13	Packer B. FATHER'S	4 37	PICKI	ing Plant	14. MOTHER'S MAIDEN	NAME	
FOR BINDING y item of information shou the causes of death clearly	15	. WAS DECEAS	Bryant ED EVER IN U. S. A (If yes, give war o	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	Eunice Polk		ADDRESS
	-	No 18. 21/	Y		CAUSE	OF DEATH	nt-I7 W.Hug	NES ST.
		(This doe	SE OR CONDITI LEADING TO es not mean the m	DEATH ode of dying, e.	g., (A) Papi	llary cystadeno.	na left ovary	***************************************
			ure, asthenia, etc. I complication wh	ich caused deat				
RESERVED INK. Ever please write	L CERTIFICATION		S OR CONDITION	NS, IF ANY, GIVI		tes	•••••	
			THE ABOVE CAUSE YING CONDITIO		(C)			
MARGIN I UNFADING Physicians: 1		TRIBUTIN	SIGNIFICANT CO	BUT NOT RELAT	red			
I UN Phy			OF OPERATION		R FINDINGS OF OPE	ERATION		20. AUTOPSÝ?
TY, WITH	EDICAL	UNDERLYIN	NAL CAUSE WAS	RIB. about bome	ACE OF INJURY (e. g., farm, factory, street, office bld		(If in Baltimore City	
7.	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
TE PLAII especially		22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above						
is esp	16	the en and d	eath in my opin	by said Aut	Prom: natural caus	Inquiry, find that said es \(\mathbb{Z}\), accident \(\mathbb{L}\), suice \(\mathbb{Z}\) 23B. CHIEF MEDICA	ide []. homicide [],	the day stated above undetermined [].
E W	2	4A. BURIAL	CREMA-1 24B. DA	Mount	24c. NAME OF CEMET	M.D. MEDICAL INVESTIG	AL EXAMINER X	ebruary 2, 195
PLEASE correct a	-	on REMOVAL (Mt.Calvary	Ct.	A.A.Co., Md	ADDRESS
G 8		ocal regis		TAR'S SIGNAT	Fruit 119	Isaiah Z	Quoun r.	han I
	V	S 151		0	6904	60 108W.	monlgome	my ft V



MARGIN RESERVED FOR BINDING

7	0	BALTIMORE CITY HEALTH DEP	
he	В	BIRTH NO. CERTIFICATE OF DE.	ATH Registered No.
ed. T	1. (T	1. NAME OF DECEASED MASHA POSNER	2. DATE OF DEATH 1-66, 4, 1953
supplied	A.	a. Baltimore City, Maryland 4613 Park Hato B. FULL NAME OF (If not in hospital or institution, give street, ddress or	B. COUNTY before admission)
ılly s	H	HOSPITAL OB location) C. CIT OR T	WN (If outside corporate limits, write RURAL and give
Se Se	1	c. Length of stay in Baltimore 7rs. No. STREET AI 2399	DDRESS (If rural give location)
ould be	5.	S. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF B	IRTH 9. AGE (in your If Under I Year last limited of Months Days Hours Min.
sho	1C Work	work done during most of working life, even retired) INDUSTRY	CE (State or forces country) 12. CITIZEN OF WHAT COUNTRY?
information s of death cle	13	13. FATHER'S NAME 14 MOTHER'S	5 MAIDEN NAME
form f dea	15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAL 17. INFORMAL	NT ADDRESS
of in	(Ye	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Leigaro - 4406 Towogada
y item of ithe causes		18. 443 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1 Hemorrhage
		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	6 11/ 5
INK. please	NOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	nsive Cardio-Vas, Distase
ADING icians: 1	ICAT	UNDERLYING CONDITION LAST.	
UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED	
771	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Y, WITH	EDIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHEI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY O	RE DID (If in Baltimore City, give exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW WHILE AT NOT WHILE	DID INJURY OCCUR?
E PLA specially		22. I hereby certify that I attended the deceased from, 1	1950 to Feb 4, 1953, that I last saw the
E Sp		deceased alive on Fe b 7 1953, and that death occurred at 3: 1	mill from the causes and on the date stated above.
E W	2,	24. BURIAL, CREMA-1 24B. DATE 24C, NAME OF CEMETERY OR CREMATE	ORY 24D. LOCATION Mity, town, or county) - (State)
10	12	Licreal 2-5-13/ Rosedale	J Halto Ma
PLEA		DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR FRA TOTAL	Due 100 Enter 16

VS 150



BIRTH NO

NAME OF DECEASED 2. DATE (Type or Print) MARGOLIS . RUTH OF 2-3-53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY Manyland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR HOWN (If outside corporate limits, write RURAL and give INSTITUTION DF MD UNIVERSIT Baltemare (If rural, eve location) D. STREET ADDRESS Yrs. Mos. Place Eutain c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working) to even if a tight) 10B. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) INDUSTRY SAUTSLADO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. SARMED FORCES? Yes, no or unknown! (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO 754,0 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CEREBRAL 1 HROMBOSIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ETRALOGN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 1-30-53 TETRALOGN DE FALLOT 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office hidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE [WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 1-29 1953 to_ deceased alive on 2-3 19.53 and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS PLEASE W 24 BURIAL, CREMA-24B, DATE 24C_NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) urial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1953 that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State ADDRESS

53 1201

before admission)

township)

If Under 24 Hours

Registered No.

CARMAN

BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

nedenict

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Brint) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF INSTITUTION 3602 C. CITY OR TOWN (If outside corporate limits, write RURAL and give redenie KAV Yrs. D. STREET ADDRESS (If rural, give location) 80 Ms Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. TANKIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF A WHAT COUNTR work done daying most of working life, ever if retired) INDUSTRY 10010h-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAMMAN 3602 FREADDRESS 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 442X CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 195/ to 20 3 , 190 that I last saw the 22. I hereby certify that I attended the deceased from 1952, and that death occurred at 7:40 Am., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION BEMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

vid Kidge CeM.

25. EUNERAL DIRECTOR

VS 150

aureal

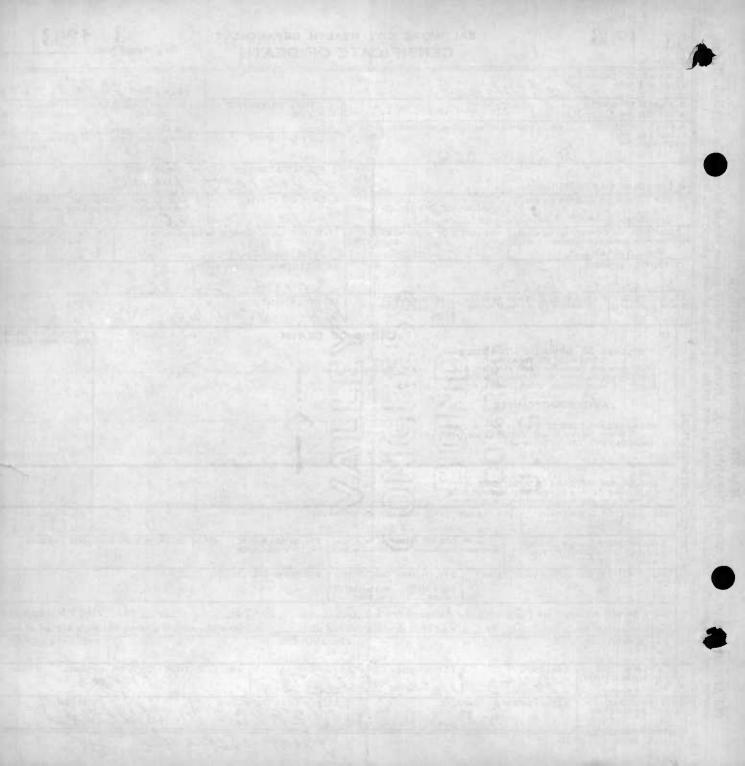
DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

N	-	120			*			
1	5	3 1203	BALTIMORE CITY HE		53 Registered N	1203		
The	В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0		
ed. 1		NAME OF DECEASED Type or Print) EVAM: Whip	205		2. DATE OF DEATH 2	3/53. GA		
supplied.		Baltimore City, Maryland	agnes Hosp.	4. USUAL RESIDENCE (nstitution : residence before admission'		
snl		FULL NAME OF (If not in hospital or in OSPITAL OR	stitution, give street address or	md.	Jessup	anne arrent		
IIIy		NSTITUTION SE GOLDE L	250	c. CITY OR TOWN	If outside corporate lights	township		
	7	40	Yrs.		f rural, give Deation)	2.25.0.0		
e ca leg	100	Length of stay in Baltimore	Mos. Days	NUILTORG	J / LOAC			
information should be s of death clearly and l	5	to ale lastite WI	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year N Under 24 Hours hths Days Hours Min.		
hou	10	DA. USUAL OCCUPATION (Givekindof) 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF		
on shou	MOL	k done during most of working life, even if retired) House wife	INDUSTRY	maryland.		WHAT COUNTRY		
rmatic	13	3. FATHER'S NAME	TO DESCRIPTION OF THE PARTY OF	14. MOTHER'S MAIDEN	IAME			
dez	11	Jalentine 14/ex. 5. WAS DECEASED EVER IN U. S. ARMED FORCE		Carrie :	sanes, 1			
infe	(Y	(If yes, give war or dates of servi	ce) SECURITY NO.	PAHISON EU	Things 1899	ERFORD Rd		
Every item of i		18. 5\$1.D	CAUSE	OF DEATH	Tipps JE	INTERVAL BETWEEN		
iter ne c	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
ery te ti	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A)							
Ever								
INK.	TIO	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN	GIVING			***************************************		
	S	UNDERLYING CONDITION LAST.	(C)		•••••			
UNFADINC Physicians:	RTIFI	II.						
NF	Ш	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OR CONDITION CAUSI	ELATED					
H	L		JOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
WITH rtant.	CA	210	. PLACE OF INJURY (e. g., is	or 21c. WHERE DID	(If in Baltimore City, g	YES NO A		
Y, WITH	EDI		home, farm, factory, street, office bldg., e		in m bandmore city, gi	exact location)		
E	Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
LA]			m. WHILE AT NOT WHILE					
F Pi		22. I hereby certify that I attended						
3		deceased alive on Felb 3-, 196		red at 4:35 Am., from 3B. ADDRESS	the eauses and on th	e date stated above		
WE		A Hearge elte		St. agnes Ho	spital	2-3-53		
PLEASE WE correct age i	2 TI	N. REMOVAL (Specity)	29C. NAME OF CEMENE		LOCATION (City, town,	or county) (State)		
PLEAS	5	ATE RECEIVED BY REGISTRAR'S SIGN	//fldow/bes	25 FUNERAL DURBCTOR	7 / /	ADDRESS		
PL		OCAL REGISTRAR	5 Minus 1250	NOT TOUR!	. M. Wal	ters		
		VS 150		Fratt & C	trick ? (25		

MARGIN RESERVED FOR BINDING



1204 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) illy supplied. 3. PLACE OF DEATH A Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) - Mos. Length of stay in Baltimore Davs information should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Marriad 2-1880 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY rangel 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes ONR 18. 204. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Aleukemic leukemia, chronic. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH

21E. INJURY OCCURRED

NOT WHILE!

Registered No.

2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) AGE (in years) If Under 1 Year II Under 24 Hours last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY a Belair ONSET AND DEATH About 2 vrs. 20. AUTOPSY YES (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR?

. 19___ that I last saw the

23c. DATE SIGNED

CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) Cath 25. FUNERAL DIRECTOR ADDRESS 100

2/2/53

19_____ to_

and that death occurred at 4:30P m., from the causes and on the date stated above.

East Chase St. City-2.

OF INJURY

23A. SIGNATURE

24A. BURIAL, CREMA-

TION REMOVAL (Specify)

Buria DATE RECEIVED BY

LOCAL REGISTRAR

21D. TIME (Month) (Day) (Year) (Hour)

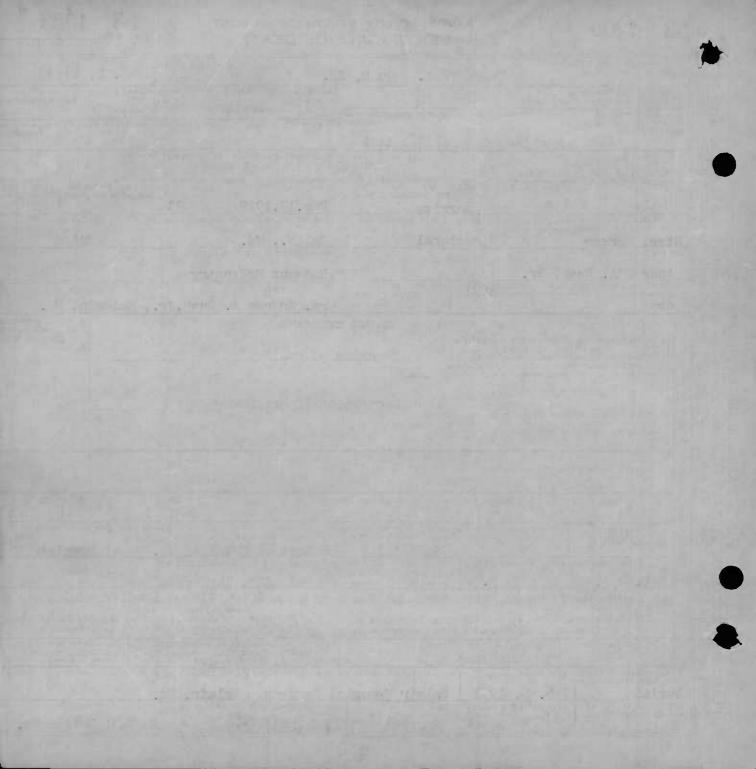
24B. DATE

REGISTRAR'S

deceased alive on 2/1/03

22. I hereby certify that I attended the deceased from 8/3/50

11 E chas st 213 Riggerood Ad



Bird Roser 12

XR-	363
01	53 120
p	BIRTH NO.
d.	1. NAME OF DE (Type or Print)
supplied	3. PLACE OF DE A. Baltimore Ci
ly su	B. FULL NAME OF HOSPITAL OR INSTITUTION
Y. El	42
leg.	c Length of st
uld be	5. SEX
ion should n clearly a	10A. USUAL OCC. work done during most of
.9.	13. FATHER'S NA

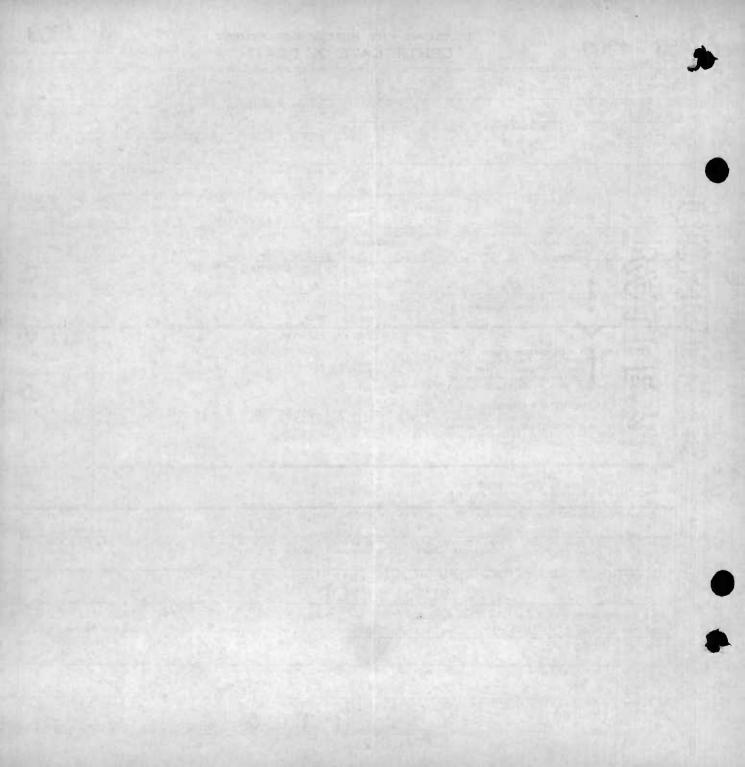
BALTIMORE CITY HEALTH DEPARTMENT

53 1207

	RTH NO.			CERTIFICAT	E OF DEAT	H	Registered No)
1. (T	NAME OF Diype or Print)	2 /	a l	B Rath	e = +		OF FABREATH FAB	1-1953
	PLACE OF DE		, , ,	7 (0.111	4. USUAL RESIDI			stitution: residence before admission)
В.	FULL NAME		tal or instituti	on, give street address or	ma	4		
17	SPITAL OR	001 11:0	, ,	location)	c. CITY OR TOWN	(If outside	le corporate limits.	write RURAL and give township)
-	100	226 Nic	10/95	70 Yrs.	D. STREET ADDRE	for the second s	give location)	
c.	Length of st	tay in Baltimore		Mos. Days	4226		lasAv	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	1 9. A	GE (In years) If U	nder I Year H Under 24 Hours ths: Days Hours: Min.
	F	W	Wi	dow	April-3-1	859	93	Days Hours Inth.
1C worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11/BIRTHPLACE (S	State of foreign	Country)	2. CITIZEN OF WHAT COUNTRY?
13	A +	Home	owa	Hone		uary		usa
	. TATELLO I	AWE	_		14. MOTHER'S MA	TOEN NAME		
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		AD	Defree
(Ye	s, no or unknown)	(If yes, give war or date	e of service)	SECURITY NO.	some Parl	B/a	Kbezzen	L.d. Aug
	18. 42	2.1			OF DEATH	NEDIG	1 2 2 2 2 4 4 1	INTERVAL BETWEEN
	DISEAS	E OR CONDITION		^		A	11,7	ONSET AND OEATH
	(This does	not mean the mode ore, asthenia, etc. It mes	of dying, e. g	· (A) Unt	managelan	utie C	Vdersie	e 5 yru.
	injury or	complication which	eaused death.) DUE TO				9
_		ANTECEDENT CAUS	SES	21/200	- Dinel	0. +-	. 0)
0 N	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)				
AT	UNDERLY	ING CONDITION LA	AST.	(C)				
RTIFICATION				(0)				
RT	OTHER S	II IGNIFICANT CONDI	ITIONS CON	. 2	Λ .			
CE	TRIBUTING TO THE DI	TO THE GEATH, BUT SEASE OR CONDITION	NOT RELATE	o Dre	mapa	suno	ma	
۲	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
ICA	21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e. g., i		OID (If in 1	Baltimore City, gi	ve exact location)
EDIC	CAUSE OF	CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg.,	(%) INJURY OCCU	R7		
Σ	210. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCC	UR?	
	OF MOOK!		m. V	WORK NOT WHILE	n'			
	22. I hereb	y certify that I at	tended the	deceased from	J. 5 195	3 to 700	- 1, 1955	that I last saw the
		ive on 3	1, 1903	and that death occur		, from the ca		date stated above.
	234. EIGNAT	URE	-jew	V 2 м. о.	15 TO	33~4	St.	23c. DATE SIGNED
2. TI	AA. BURIAL. C	REMA- 24B. DATE pecify)	- 1 2	24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCAT	ION (City, town, o	r county) (State)
	Burio	2/2/4/3	3 10	Loudon Pa.	r/t Cen		Balto	Md
	ATE RECEIVED	DADO	and professions	RE COLAD	25. FUNERAL DIR	ECTOR		ADDRESS

Dr Granzer 15'20 E 33'd Sp

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF IAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE, (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before adminision) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION # township? Yrs. Mos. should be c c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE Months Days Hours Min. 7, SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) NOV. 12, 1903 MARRIED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY BALT, MORE, MARYLAND information COMMERCIAL SERVICE VEP 13. FATHER'S NAME JOHN E. BOYLAN 1= LORENCE E. MORGAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 212-05-4842 MRS. MILDRED LAN. 2813 HAMPO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. 21c. WHERE DID 21A. ACCIDENT WAS UNDER-218, PLACE OF INJURY (e.g., in nr (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY AT WORK 22. I hereby certify that I attended the deceased from 2-2-53, 19, to 2-2-53, 19, that I last saw the deceased alive on 2-7-339, and that death occurred at 5/2 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED -2 15 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CHEMATORY BURIAL MORELAND DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untryclor VS 150



	TH NO.			OLIVIN 10/VI	E OI DEA	
(Ty	NAME OF D pe or Print)		RANK TA	YLOR		2. DATE OF
B. F HOS	PLACE OF D Baltimore (TULL NAME SPITAL OR STITUTION	City, Maryland	A. STATE	DEATH DENCE (Where deceased) B. COUI		
() c.]	Length of s	tay in Baltimore		Yrs. Mos. Day:	77/ W Ost	RESS (If rural, give loca tend Street
5. 9	male	6.COLOR OR RACE	WIDOW	E. MARRIED. VED. DLVORCED (Specification)	8. DATE OF BIRT	1 - A 1 1 - A 1
work d	USUAL OC done during most et. Plur	CUPATION (Give kind of working life, even if retired	10B. KINE	O OF BUSINESS OR INDUSTR		(State or foreign country)
13.	FATHER'S	NAME		hosti	14. MOTHER'S M	IAIDEN NAME
15. (Yes,	WAS DECEASI	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Fogler, 1621 F
RTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAUSON OF CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	of dying, e. gans the diseas caused death SES IF ANY, GIVIN STATING THAST.	(B)	facilis de	of he
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g. farm, factory, street, office bldg		
	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	D INJURY OCCUR?
	22. I hereb deceased ai 23A. SIGNA		1	deceased from and that death occur	19. 19. 19. 19. 23B. ADDRESS	i, to H i, from the causes an
244 TION	A. BURIAL, (S N, REMOVAL (S DURIA	pecify)		24c. NAME OF CEMET St. Peters C		Baltimore,
	TE RECEIVE		'S SIGNATI	JRE JA O DO	25. FUNERAL DI	RECTOR 1217

VS 150

Registered No. February 2, 1953 lived. If institution: residence
NTY before admission) ate limits, write RURAL and give township) tion) vears If Under I Year If Under 24 Hours Ray) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Ibert Street INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES City, give exact location) , that I last saw the d on the date stated above. 23C DATE SIGNED y, town, or county) (State) Maryland ADDRESS St. Paul Street

57424

BALTIMORE CITY HEALTH DEPARTMENT

VS 150

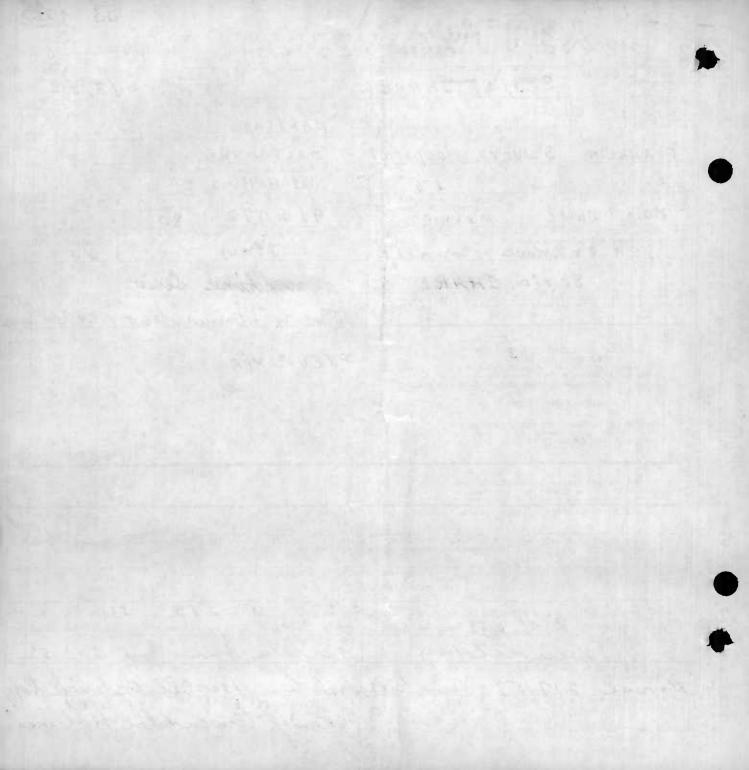
before admission)

If Linder 24 Hours

(State)

PATRICK MUCHEN shap the lease of the harre that it THE PROPERTY AND PERFORMANCE

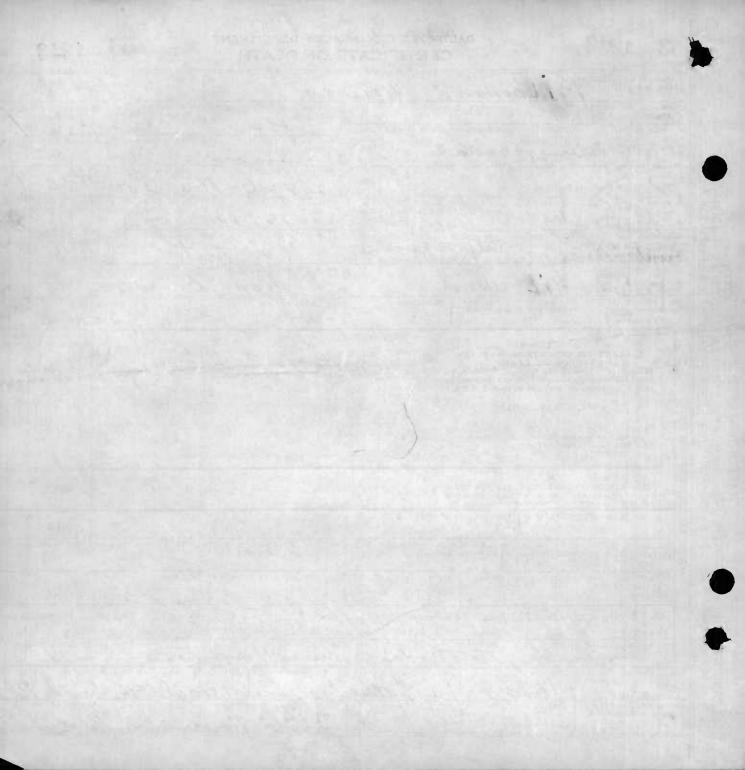
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, white INIRAL and give (If rural, give location) 9. AGE (in years) If Under 1 Year last birthday) | Months: Days | Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 45 A INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) , 1913, that I last saw the and that death occurred at 9.20 km., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAN CREMA 24D. TION REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 1 Lholland OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNT (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and sive INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Man. Onttiss (c. Length of stay in Baltimore Dane should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done daring mash of working life, even if retired) To WHAT COUNTR maintainance Ma information death 14. MOTHER'S 1 a M rowr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes Same INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION- DIRECTLY Metastatic Ca of Lung LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ប៊ 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID EDI LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE [WHILE AT WORK AT WORK 19 53 to. 22. I hereby certify that I attended the deceased from. , 19 Sthat I last saw the 3 and that death occurred at 0930Pm. deceased alive on 2 from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-248, DATE TION. REMOYAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 williams

VS 150

townshinl



WITH ortant.	Y, WITH	MARGIN	UNFADING Physicians:
	'X, imp		WITH ortant.

PLEASE W

3 1214 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1214

В	RTH NO.					
1. (T	NAME OF DECEASED ype or Print)	illie Pelagia Giza		2. DATE OF DEATH 2	-32	
	PLACE OF DEATH: Baltimore City, Maryland	9	4. USUAL RESIDENCE (nstitution: residence before admission)	
H	FULL NAME OF (If not in hospit DSPITAL OR STITUTION	tal or institution, give street address or location)		f outside corporate limits,		
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)		
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH February 24,1899	last birthday) Mon	Inder 1 Year II Under 24 Hours the Days Hours Min.	
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY	
	403 6 14	h Danielak	14. MOTHER'S MAIDEN N	Josephine Pu	chalski	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMEE , no or unknown) (If yee, give wer or date	D FORCES? 16. SOCIAL SECURITY NO.	John S.Giza 2221		DRESS	
FICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CDN.					
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION	NDT RELATED				
AL	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		YES ND	
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in ebout bome, farm, fectory, street, office bldg., e		If in Baltimore City, gi	ve exact location)	
	21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT W					
	22. I hereby certify that I att deceased alive on 23A. SIGNATURE	tended the deceased from 12, 1953, and that death occur		the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED	
24 TIC	A. BURIAL, CREMA- N, REMOVAL (Specify)		RY2000000000000000000000000000000000000			
D	Burial Feb,6th,	1953 St. Stanislaus	25. FORERAL DIRECTOR,	Dundalk Ave-H	Baltimore, Md.	
	CAB REGISTRAR	Entono Gina	Mengo A U	John 705	& Rue 15	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1215

ADDRESS

Registered No_ 1. NAME OF DECEASED 2. DATE (Type or Print) Mrs.Catherine Manning 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Yes A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bon Secours Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life time Mos. 345 Tunbridge Road .Balto-12-Md . c. Length of stay in Baltimore Davs last birthday) Months Days Hours Min. 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify)
Widowed Female White 8/26/1879 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR work done during most of working life even if retired) INDUSTRY U.S.A. COUNTRY Housewife Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Maher Margaret Maher 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uuknown) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from_ . 19___, that I last saw the and that death occurred at 1030 Pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR

25. FUNERAL DIRECTOR

clearly

of

causes

the

information death

item

TION REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

wertendown

6 Transonfile

Carlo Carlo
1216

VS 150 V

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1216

Registered No.

B	IRTH NO.	
	NAME OF DECEASED (ype or Print)	2. DATE OF DA 3
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE s. COUNTY hefore admission
B.	FULL NAME OF (If not in hospital or institution, give street address or	Many land
11	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write INURA) and gi
-	Minim Munical Hospital	BACKMON LITTO
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
-	Length of stay in Baltimore Days SEX 6 COLOR OR RACE 7, SINGLE, MARRIED.	S. PATE OF BIRTH 9. AGE (In years) N Under 1 Year N Under 24 How
	mal rahik WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min
WOL	DA. USUAL OCCUPATION (Give kind of Lobert Lo	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
1.0	un employed	Maryland M.S. A.
'	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
14	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mellie gorden
	S. WAS DECEASED EVER IN U, S. ARMED FORCES? a, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	Forbert Kank 5324 Kist ave
	18. 0/6 X . CAUSE	OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	O PO A
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	emia / ding
z	ANTECEDENT CAUSES BLAT	end renal tuberculosis 5+ yes
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
IFIC	(C)	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	
,	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
CAL		YES ND
EDI	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	m, WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from	4. 20 , 1913, to Elb. 3 , 1913, that I last saw t.
	deceased alive on . 3 , 19-13 , and that death occur	red at & A.m., from the causes and on the date stated abov
	23A. SIGNATURE 21/11 0 4 12	3B. ADDRESS White Mungich Hospital (23c. DATE SIGNE)
2	4A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE	
	Swal teb. 6. 1953 New Call	edral touter Ballinors Md
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTION ADDRESS
II	The sunting to the sunting of the	10 50 11 1 5444Bell on 61

4 Frenzens AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

MAF/ 16724 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Robert Saunders ully supplied 2-2-53 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATI B. COUNTY before admission) Maryland B. FULL NAME OF BALLIMORE CITY HOSPITAL OR BALLIMORE CITY HOSPITAL location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 45 yrs. 815 McAleer Ct. Days information should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months; Days WIDOWED, DIVORCED (Specify) Hours! Min. Married Mar. 17, 1907 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baker Bakerv Baltimore, Md. 13. FATHER'S NAME George 14. MOTHER'S MAIDEN NAME APAMET H. Saunders BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or nnknown) SECURITY NO. causes Mrs. Margaret M. Saunders 815 McAlee T INTERVAL BETWEEN 18. CAUSE OF DEATH y item 63 X as ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Tuberculosis Every write th 6 yrs. (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Pulmonary Carcinoma 2 yrs. ATIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: pl ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Y, WITH important. EDIC/ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY E PLA NOT WHILE WORK AT WORK 1-28 153 to 1953, that I last saw the 22. I hereby certify that I attended the deceased from. 1953, and that death occurred at 7 deceased alive on 3. from the causes and on the date stated above. 23B. ADDRESS 23c, DATE SIGNED 23A. SIGNATURE PLEASE W 4940 Eastern Ave. Balto, Md. 24A. BURIAL, CREMA-TION REMOVAL (Specify) BURIAL 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248, DATE Feb. 5. 1953 Holy Redeemer Cemetery Baltimore, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Elmez W. Coaklin 5444 Belair Rd. VS 150

4 James in Dr Schreman, Du Burrow The, BCHD so familiar & the case. The known to be sometime lately, death due to cancer

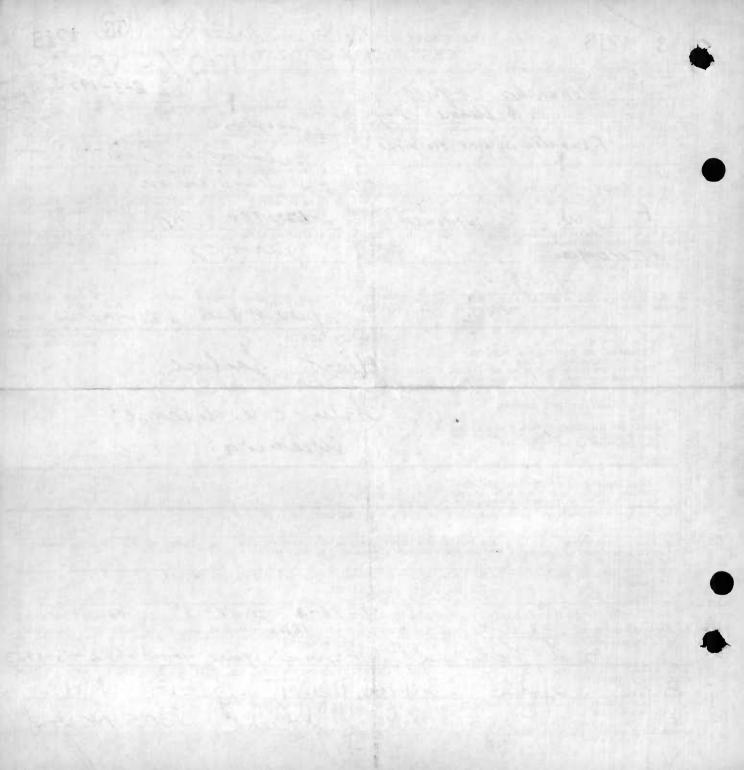
Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ohnhaar. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. Baltimore City, Maryland 100 B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street oldress or Franklin Square Hospital (If outside corporate limits, write RURAL and give 4'more D. STREET ADDRESS (If rural, give location) Yrs. Mos. May View av. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. last birthday) Months: Days Hours: Min WIDOWED, DIVORCED (Specify) widowed 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ATHOMES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or unknown) SECURITY NO. nes Nibali 5311 Mayrica av 18. 42211 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from / - 16-4, 1958, to 2 - 3 ___, 1963, that I last saw the deceased alive on 2 - 3 ... 1953, and that death occurred at 1252mm, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-JION REMOVAL, (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 1050 VS 150

plnods

clearly

information s

UNFADING Physicians: p



DATE RECEIVED BY LOCAL REGISTRAR

VS 150

fully supplied,

information should be

causes

INK.

UNFADING Physicians:

LY, WITH important.

PL. ecially

(Esp

jo

RESERVED

39091

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Balley Funeral Home - Darlington, Md.

200 1 30 137 30 THE WORKS THE PROPER CAPTURE OF RESIDENCE

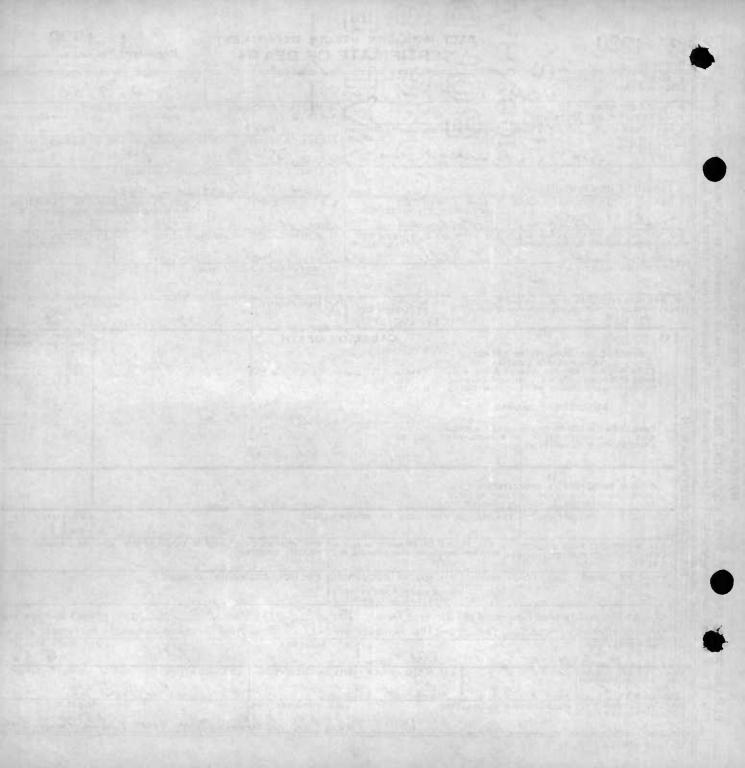
	ally supplied.	
MARGIN RESERVED FOR BINDING	WI E PLA Y, WITH UNFADING INK. Every item of information should be cally supplied	ysicians: please write the causes of death clearly and leg
	VP E PLA Y, WITH UN	in specially important. Ph
	5	a

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1220

he	BI	RTH NO.	E OF DEATH REGISTERED NO.	
I pe	1. (T	NAME OF DECEASED JAMES H. JONES	S 2. DATE OF DEATH 2/3	153
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst. A. STATE B. COUNTY	itution : residence before admission)
Illy su	H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION 3904 W. Harrison Ave	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)
200		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
be ca		Length of stay in Baltimore Days	3904 W. Harrison Sel.	19 180 200
ldar	-	male White Widowel (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months 76	Days Hours Min.
on shou		A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	11. SRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
ath c	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
information s of death cle	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	7. INFORMANT ADDE	ESS
of in	(Xei	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	James E. Jones 3302 Bever	ly RL.
ry item of i		18. 420,1 CAUSE	OF DEATH	NTERVAL BETWEEN ONSET AND DEATH
Every i		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Poronay (Inomoses	2-3-53
Ever write		injury or complication which caused death.) DUE TO	1 1 2 11 12	2
INK. please	ZO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	tensulouty (V)	
IG I	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
DIN	FIC	(0)		
UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	CAL	19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITH	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.	in or 21C. WHERE DID (If in Baltimore City, give otc.) INJURY OCCUR?	exact location)
	4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		
E PLA specially		m. work AT WORK 22. I hereby certify that I attended the deceased from	// 1952 to Con-3/ 19 J31	hat I last saw the
Spe		22. I hereby certify that I attended the deceased from deceased alive on 12-30, 19 and that death occur 23A. SIGNATURE 2	rred at 1 30 P.m., from the causes and on the d	
		23A. SIGNATURE HOLLING THE MAN D. 2	23B. ADDRESS 2211 2211 Nd 2	3c. DATE SIGNED
स्र हु		4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or o	ounty) (State)
PLEAS correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	DDRESS
PI	LC	DCAL REGISTRAR	2.18 6 lean the 30517 6	bestund luc



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BasLEY F POE ally supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos information should be confidently and less of death clearly and less c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11 AIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12, CITIZEN OF work doos during most of working life, eveo if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or onkoowo) (If yes, give wer or dates of service) SECURITY NO. causes -05-8904 INTERVAL BETWEEN item 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERe bout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WORK AT WORK 19 3 that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. deceased alive on_ 19 53, and that death occurred at 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 100

Il Lite

6)	53 H 24
4	BIRTH NO.
ed. J	1. NAME OF DE (Type or Print)
supplied	3. PLACE OF DE A. Baltimore C
ly su	B. FULL NAME (HOSPITAL OR INSTITUTION -
E .	. (1 -
Sec. 1	39
le le	6. Length of st
rmation should be death clearly and l	male
sho	work de he during most
col	13. FATHER'S N
rmati	Bus
of of	15. WAS DECEASE (Yee, no or nnknown)
auses of	
item of he causes	18. 159 DISEAS

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 1222

9	BI	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
I .pe	1. (T	NAME OF DECEASED Albrough	Hall		2. DATE OF DEATH 2/4	15-3
supplied		PLACE OF DEATH: Baltimore City, Maryland		A. USUAN RESIDENCE	(Where deceased lived If in	titution: residence before admission)
ılly su	H	FULL NAME OF (If not in hospital or institution of the first of the fi	ation, give street address or location)	c. CITY OR TOWN	If outside corporate limits, w	rite RURAL and give township)
egrafy	6	Length of stay in Baltimore	Trs. Mos. Mos. Says	D. STREET ADDRESS—A	Tural, give location	are.
should be early and l	5			8. DATE OF BIRTH	9. AGE (In years and Month	or I Year If Under 24 Hours Bays Ifours Min.
on shou	10 work	A. USUAL OCCUPATION (Give kind of Job. KIN deheduring most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRT APPACE State or		CITIZEN OF WHAT COUNTRY?
information s of death cl	13	FATHER'S NAME SUSM.		14. MOTHER'S MAIDEN	NAME ON SAC	h. s. un
f infor	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or nuknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	TAMERMANINA	igaret ADO	Wall.
em of i		18. 159 X	CAUSE	OF BEATH	Marie	INTERVAL BETWEEN
ite		DISEASE OR CONDITION DIRECTLY	list.	on- Blustos	Intestence Amo	when
Every write th		(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ase,		(5.)	
	z	ANTECEDENT CAUSES	(B) 91	mali gnances	<)	
IG INK.	ATIO	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.				
ADING icians:	IFIC		_(c) Clar	horeis		
UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	TED			
	7			ATION		20. AUTOPSY?
WITH rtant.	CA	1/29/53 a		naumg		YES NO
LY, WIT	MEDI		ACE OF INJURY (e. g., in c, farm, factory, street, office bldg., e		(If in Baltimore City, give	exact location)
	2	21D, TIME (Month) (Day) (Year) (Hour) OF INJURY m.	WHILE AT NOT WHILE AT WORK		RY OCCUR?	
E PLA		22. I hereby certify that I attended the		1/14/,195310	2 /4/ 1953 t	hat I last saw the
Espe		deceased alive on 2/4 1953	and that death occur	red at 12:30 fm., from		
		23A. SIGNATURE		38. ADDRESS		3c. DATE SIGNED
age		(1)1/1	aller M.D.	frondent Has	nidul	2/4/5-3
20 17		DURIAL (Specify)	24C. NAME OF CENETE	WOUNT &	Salline	county) (State)
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25 FUTERAL DITECTOR	& Funda	DOES Algree

VS 150

ATA SULFICIAL SURFERINGO

	1.
Many of the State	

BALTIMORE CITY HEALTH DEPARTMENT 53 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEAT 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days should be early and l 6. CQLOR OR RACE 9. AGE (in years | If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. DIVORCES (Specify) clearly 10A. USUAL OCCUPATION (Give kind of ork downduring post of working life, even if retired) SINESS OR 12. CITIZEN OF information s s of death cles averer 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVEN IN U. S. ARMED FORCES?
Yes. no or unknown) | Allyses, give war or dates of service) 16. SOCIAL SECURITY NO 18. INTERVAL BETWEEN 002X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. K. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES EDIC/ 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK L AT WORK . 195 Sthat I last-saw the 22. I hereby certify that I attended the deceased from. deceased alive on 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMAT TION, REMOVAL (Speed) DATE RECEIVED 8Y REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

		NAME OF DECEASED	1 2.	DATE
ġ.	(T	ype or Print) Massie Lot	usou	DEATH Tel. 3, 1953
blic	3.	PLACE OF DEATH:		deceased lived. If institution : residence
dn		Baltimore City, Maryland Maryland To Institution, give street address or	A. STATE M.	B. COUNTY before admission)
S	H	OSPITAL OR location)		ide corporate limits, write RURAL and give
	IIN	STITUTION JOHNS HOPKINS HOSPITAL	1207	township)
		Yrs.		give location)
eg.	C	Length of stay in Baltimore Mos.	17311	3 ha Ti Gine
d l		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9.	AGE (In years If Uner I Year If Under 24 Hours last birthday) Months; Days Hours Min.
P # C	1	WHO OWED, DIVORCED (Specify)	3-11.1867	last birthday) Months Days Hours Min.
130	48	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	a country) 12. CITIZEN OF
clearly	work	identifying most of working life, even if retired)	8 2	WHAT COUNTRY?
J	0	FATHER'S NAME	13.6.	
death	6	PATRICES NAME	14. MOTHER'S MAIDEN NAME	2. 440
<u> </u>		award alrich	- Lucy B	elle
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. SECURITY NO.	17. INFORMANT	ADDRESS
ses	ì		JOHNS HOPKIN	S HOSPITAL
PT		18. / 7 / X CAUSE	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY	-	ONSET ANO DEATH
the		(This does not mean the mode of dying, e.g.,	name of Cernix	treated rement?
ite		heart failure, asthenia, etc. It means the disease,		
write		injury or complication which caused death.) DUE TO		
		ANTECEDENT CAUSES		
please	N O	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************
D'T	H	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
IS:	₹ U	(C)		***************************************
Physicians: 1	TIFIC			
Sic	Ы	OTHER SIGNIFICANT CONDITIONS CON-		
र्द	빙	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
int.	CAL	None		YES NO
important.	읽	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in	Baltimore City, give exact location)
apoi	EDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?	
E I	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OC	CUR?
N N		OF INJURY WHILE AT NOT WHILE		
ecially		m. WORK AT WORK	11	2 22
be r		22. I hereby certify that I attended the deceased from_/	- 11 - , 1953 to 2 - 3	
Sign		deceased alive on 2 - 3. 1963 and that death occur	rred at 9 00 m., from the co	auses and on the date stated above.
42		23A. SIGNATURE 7	39 OPRISESSOPKINS HOSPI	TAT 230 DATE SIGNED
age		M.D.		126.3 1753
	TIC	AA. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	THY OR CREMATORY 24B. LOCA	TION (City, town, or county) (State)
PLEA		ourial Mr. Cu	when Da	temore, Md.
1 2		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUMERAL RECTOR	uneral ADD Jone
40	gio g	-DA 1053 12 1 19115 5 152	163, Druis	I still ane
	H	VS 150 Marking Comment		

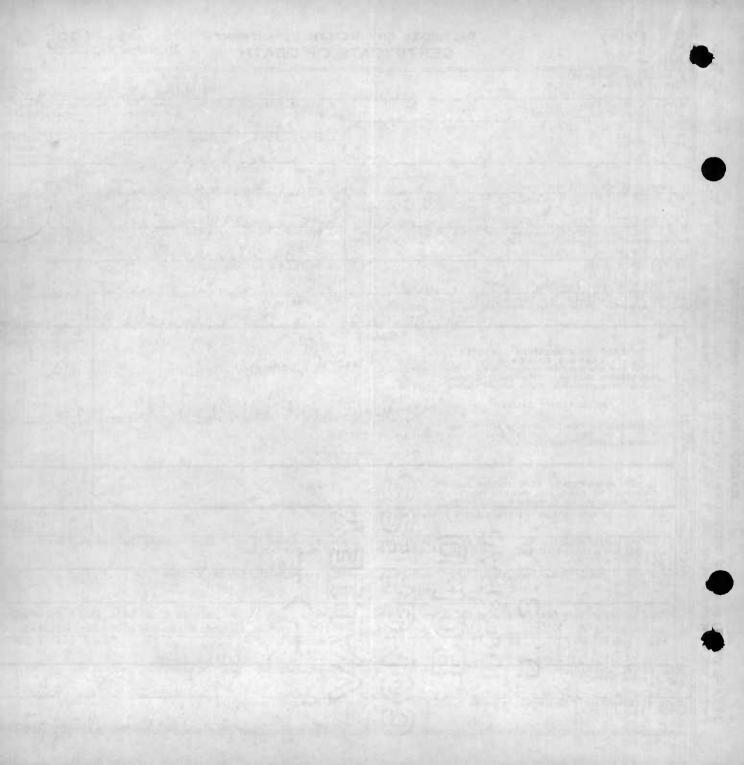
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; resid A. Baltimore City, Maryland) B. COUNTY M. STATE before admission) (If not in hospital or institution, give street a B. FULL NAME OF HOSPITAL OR ocation) (If outside corporate limits, write RURAL and give OWN INSTITUTION township) (If rura give location) Yrs. c. Length of stay in Baltimore Days and 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED ACE (In years if Under 1 Year if Under 24 Hours last birthday) Months: Days Hours: Min. BIRTH WIDOWED, DIVORGED (Specify) should clearly 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country, 12. CITIZEN OF workdone during most of working life, even if retired) NINDUSTRY WHAT COUNTRY? information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of serve SECURITY NO. causes Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH i mis (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH Y, WITH YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE AT WORK WORK 1912 to. , 19 De, that I last saw the 22. I hereby certify that I attended the deceased from 19 12. and that death occurred at 10.30 Am., from the causes and on the date stated above. deceased alive on 23A. S GNATURE 23B. ADDRESS 23c. DATE SIGNED Mulu TION, REMOVAL (Specify 24C. NAME OF CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE L DIREC ADDRESS LOCAL REGISTRAR VS 150

RESERVED



VS 150

m	50	C
53	1226	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1226
gistered No	1 / 5 / 4/

E	BIRTH NO.	C	CERTIFICAT	E OF DEATH	Registere	4 110
(NAME OF DECEASED Type or Print)	n Mrs	Agnes be	vlrude	2. DATE OF DEATH 2	-2-57
1	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	Low inetitution	n, give street address or	4. USUAL RESIDENCE	Where deceased lived B. COUNTY	. If institution: residence before admission)
11 -	HOSPITAL OR NSTITUTION Church How	. 11	location)		If outside corporate li	mits, write RURAL and give township)
0	Length of stay in Baltimore	48	Yrs. Mos. Days	2414 ET	araye ve location	Ave
	SEX 6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D.DIVORCED (Specify)	12-5-1904	9. ASE (In years aft pothday)	M Under 1 Year M Under 24 Hours Months Days Hours Min.
wo	OA. USUAL OCCUPATION (Give kind of orlidene during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Trabert to bever	-1	SHEW !	14. MOTHER'S MAIDEN	Tiss Ethe	1
(Y	5. WAS DECEASED EVER IN U. S. ARMED (es, no or unknown) (If yes, give war or dates of	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 4-16X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
11	DISEASE OR CONDITION D	DIRECTLY	1	1. 1 1		
	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	dying, e. g., s the disease,		natic heart dis	ease	unknown
CATION	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	dying, e. g., s the disease, used death.) ES ANY, GIVING	DUE TO	eslive heartfail	ure	unknown
RTIFIC	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE ST. TIONS CON-	DUE TO (C)	eslive heartfail	He	unknown
CERTIFIC	(This does not mean the mode of heart failure, asthenia, etc. It meaning the mode of heart failure, asthenia, etc. It meaning the mode of	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE ST. TIONS CON- HOT RELATED CAUSING IT.	DUE TO (C)	slive heartfail	Mre	20. AUTOPSY?
ERTIFIC	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION 19 19A. DATE OF OPERATION 19 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE ST. TIONS CONSIGNATION TRELATED CAUSING IT. B. MAJOR F	DUE TO (B) CON 9 CON 9 (C)	RATION BOT 21C, WHERE DID	(If in Baltimore Cit	20. AUTOPSY?
DICAL CERTIFIC	(This does not mean the mode of heart failure, asthenia, etc. It meaning the mode of heart failure, asthenia, etc. It meaning the mode of heart failure, asthenia, etc. It meaning to the ABOVE CAUSE (A) SUNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOTO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING	DUE TO (B) DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., if the control of the control o	RATION 10 21C. WHERE DID 10 1NJURY OCCUR? ED 21F. HOW DID INJUR		20. AUTOPSY?
DICAL CERTIFIC	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION 19 19A. DATE OF OPERATION 19 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (OF INJURY) 22. I hereby certify that I atte	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING	DUE TO (B) DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., i. m, factory, street, office bidg., TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK Receased from	RATION DOT 21C, WHERE DID INJURY OCCUR? ED 21F, HOW DID INJURY	RY OCCUR?	yes No y, give exact location)
DICAL CERTIFIC	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION 19 19A. DATE OF OPERATION 19 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (OF INJURY)	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING	DUE TO (B) DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., i m, factory, street, office bldg., The injury occurs HILE AT WORK Receased from Indian that death occurs	RATION D. OT 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY	RY OCCUR?	yes No y, give exact location)
MEDICAL CERTIFIC	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION OF THE DISEASE OR CO	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING	DUE TO (B) DUE TO (C) FINDINGS OF OPER CE OF INJURY (c. g., im, factory, street, office bldg.,	RATION 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR 19 12, to 2- rred at 1 1 0 m., from 23s. ADDRESS	RY OCCUR?	y, give exact location) y, give exact location) that I last saw then the date stated above.

and had a special

MARGIN

before admission)

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

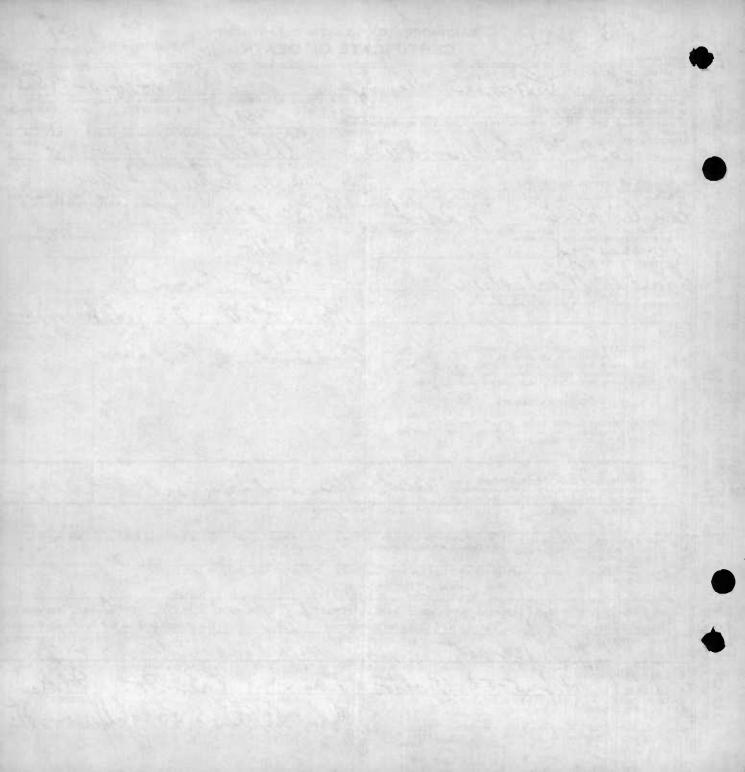
23c. DATE SIGNED

NO

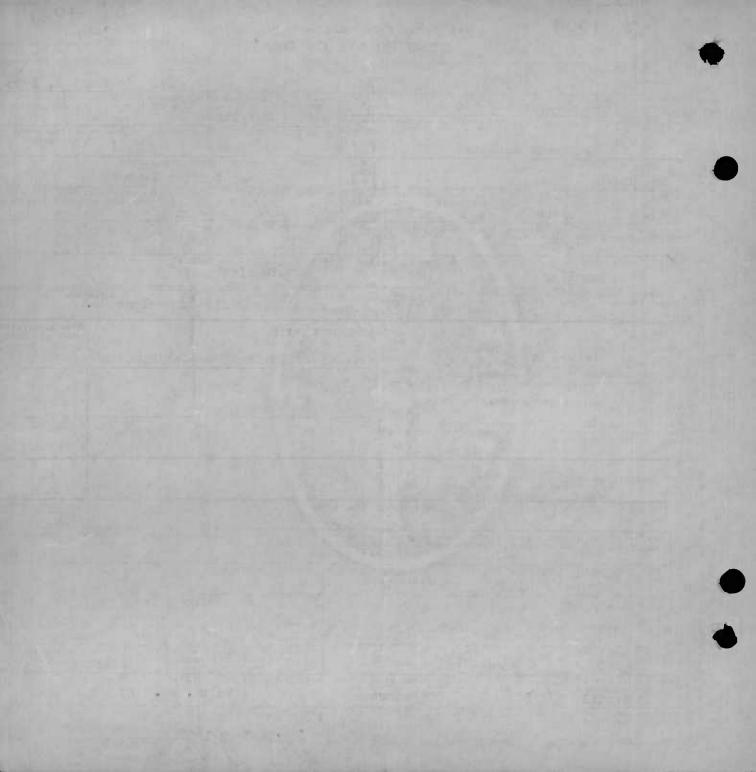
(State)

YES

township)



		53 1228	3		TIMORE CITY I					53 ered No.	1228	
H. TI	1. (T	NAME OF DECEAS		LTER	DORSI		DAVIS				ry 2, 195	100
supplied.	B. HC	OSPITAL OR	(If not in hospita		ion, give street address locatio	or A. ST	ATE	yland	B. COUN	ITY	before admis	d giv
e carcully legibly		538 Length of stay in	Wilson S Baltimore	treet LI	Yrs Mor Day	3. [REET ADD		rural, give locat	ion)	0	
ld be	5.	SEX 6.COL	lor or RACE	WIDOW	E, MARRIED, 'ED, DIVORCED (Speci	(y) 8. DA	TE OF BIR	тн 1906	9. AGE (In ye last birthd	ay) Month	der 1 Year H Under 24 hs Days Hours	4 Hour Min
on should clearly a	work	A. USUAL OCCUPAT done during most of working FATHER'S NAME	ION (Give kind of life even if retired)	10B. KIND	OF BUSINESS OR INDUST	RY M	id.		reign country)	12	2. CITIZEN OF WHAT COUN USA	TRY
natic	15	b. WAS DECEASED EVER	?	FORCES?	16. SOCIAL SECURITY NO		NFORMANT	?			RESS	
BI. of	(10	no 18. 581.0	I		?	Cla E OF D		ison Ra	ndallsto	wn, Md	INTERVAL BET	
FOR y item		DISEASE OR LEAD (This does not m heart failure, asth injury or compli	enia, etc. It mea	TH of dying, e. : ns the diseas	se,	rhosis	of liv	ver		••••••••		*****
RESER' INK. please v	ATION	DISEASES OR C RISE TO THE ABO UNDERLYING O	VE CAUSE (A)	F ANY, GIVING THE	HE DUE TO							00000000
MARGIN UNFADING Physicians:	ERTIFIC	OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE	OR CONDITION	CAUSING I	ED T							
н.	AL C	19A. DATE OF OPE	RATION 1	9B. MAJOR	FINDINGS OF OP						1	0
M. WITH	EDIC	21A. EXTERNAL CAUNDERLYING CAUSE	OF DEATH.	about home,	ACE OF INJURY (c. 1 farm, factory, street, office bld	g.,etc.)	1c. WHERE	CUR?		City, giv	e exact location)	
AINIE ally im	Σ	210. TIME (Month) OF INJURY		m.	WHILE AT NOT WHI	LE K	1F. HOW D		al Autop	SV	41	f
E PL.		the evidence	obtained bu	said Auto	remains described ppsy, Inspection of from: <u>natural cau</u>	r Inquir	y, find the	Autopsy, l	Inspection or I	on the	thereon and day stated a determined	bov
E WRI		23A. SIGNATURE	Vian-1	Soul	24c NAME OF CEME	M.D. M	3B. CHIEF SSISTANT IEDICAL IN	MEDICAL E MEDICAL E IVESTIGAT	EXAMINER EXAMINER OR	23c. Febr	mary 2, 1	195
PLEASE correct ag		on, REMOVAL (Specify) Burial	2/5/53		Mt Auburn			Balt	co. Md.		1	
PL	D	ATE RECEIVED BY DCAL REGISTRAR - 34 1953	REGISTRAR	SIGNATI	O. C. R.		UNERAL D	2 2	1303 Pre		n &	
	V	S 151	W.			14	es. X	1. K	elsor	_	W	



VS 151

before admission)

If Under 1 Year

USA

ADDRESS

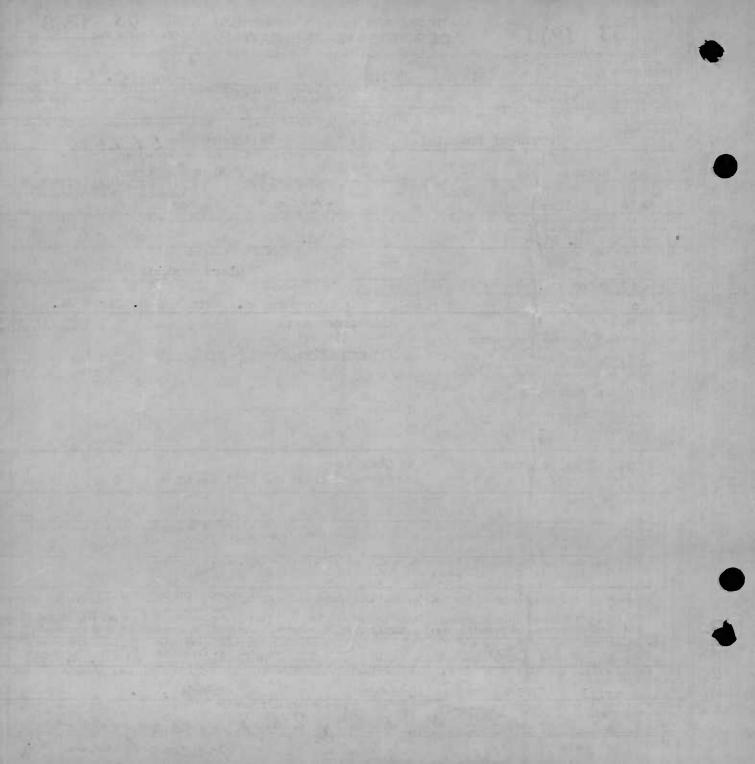
12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY



Registered No.

BALTIMORE CITY HEALTH DEPARTMENT

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give township)

If Under 1 Year 9. AGE (In years)

last birthday) | Months | Days | Hours | Min. 12. CITIZEN OF

WHAT COUNTRY

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY YES NO

(If ln Baltimore City, give exact location)

, 19 that I last saw the Trom the causes and on the date stated above.

23c. DATE SIGNED

ADDRESS

hefore admission)

12. CITIZEN OF U.S. A

Registered No.

B. COUNTY

BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

John Jackson 300 S. Vincent St

INTERVAL BETWEEN ONSET AND DEATH

Autopsy, Inspection or Inquiry

February

Burial DATE RECEIVED BY LOCAL REGISTRAR

1232

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

20. AUTOPSY

thereon and from

-1-42 ATTENDED AND ADDRESS OF THE PARTY OF THE PAR SOUTH THE STATE OF THE STATE OF

- 166844 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTHWA NAME OF DECEASED 2. DATE (Type or Print) OF Alease Matthews Jan. 30, 1953 ully supplied DEATH 3. PLACE OF DEATH: A. STATE 4. USUAL RESIDENCE (Where deccased lived, If institution; residence A Baltimore City, Maryland Balto. City B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore City Hospital socation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 12 yrs. 5705 Cardinal Lane -24 c. Length of stay in Baltimore Daya should be early and l 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years if Under I Year if Under 24 Hours Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Negro Aug. 26, 1914 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Virginia information s s of death clear Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Golden Bruce Katie Cook 15. WAS DECEASED EVER IN U. S. ARMED FORCES? B. C. Hosp Records, 4940 Res tern Ave. 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Lower Nephron Nephrosis Every (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the diaease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Transfusion Reaction DISEASES OR CONDITIONS, IF ANY, GIVING TIFICATION APPROVED BY RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-OR ASST. MEDICAL EXMANER. TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 1- 18-1953 LY, WITH important. Delivery YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, actory, street, office bldg etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE Haverse reaction 19**53**, to_ that I attended the deceased from 19 53 that I last saw the 22. I hereby certify 53 and that death occurred at 5.50 Mm., from the causes and on the date stated above 19 deceased alive on. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave 1-30-53 PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 24B. DATE Brooklyn Md. /4/1953 Cem Mt Calvery ADDRESS DATE RECEIVED BY I REGISTRAR'S SIGNATURE UNERAL DIRECTOR LOCAL REGISTRAR DO EDDIOVED ADV. MEGIEST R 45 150 N998,

RESERVED

MARGIN

PRINTER, OCCUPANT · VINEWELL OF F- bend for the Cont. Mark Dr. Style The country of the country of the country of nineman montes rose · 大大學 [4] (1) [4]

VS 150

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere No. 1234

1.	NAME OF Dype or Print)	ECEASED Annie Bu	+lon				2. DATE OF	2-1-53	
3. A. B.	PLACE OF D Baltimore (EATH: City, Maryland		n, give street address	Α.	. USUAL RESIDENCE (W STATE Maryland	DEATH	l. If institution:	residence re admission)
	OSPITAL OR ISTITUTION	Baltimore Ci 4940 Eastern	ty Hospi	tal location	on) C.	Baltimore	outside corporate l	05	RAL and give township)
c.	Length of s	tay in Baltimore	65 y	Yrs. Mo	s.	237 Douglas)	
5.	SEX F	6. COLOR OR RACE	7. SINGLE. WIDOWE Widow	D. DIVORCED (Spec	eify) 8.	1 1887	9. AGE (In years last birthday)	Il Under 1 Year Months Days	H Under 24 Hours Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of forking life, even if retired)	10s. KIND C	OF BUSINESS OR INDUST		. BIRTHPLACE (State or fo	reign country)	12. CITIZI WHAT	EN OF COUNTRY
13	FATHER'S	NAME			14	HOTHER'S MAIDEN NA	AME		
15 (Yes	, no or unknown)	D EVER IN U.S. ARMED (If yes, give wer or date	FORCES? s of service)	16. SOCIAL SECURITY NO		de Constant		ADDRESS	
	18.	4.46x		00 × X CAUSI		DEATH	ospical, 4	INTERV	AL BETWEEN AND DEATH
	(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which o	H f dying, e.g., ns the disease,	(A)	mia	clerosis			
ICATION	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERIVING CONDITION LAST								
CERTIFICA	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
CAL	19A. DATE C	F OPERATION 1	98. MAJOR F	INDINGS OF OP	ERATI	ON		20. A	UTOPSY?
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLAC	E OF INJURY (e. 6 m,factory,street,office blo	g., in or dg., etc.)	21c. WHERE DID (I INJURY OCCUR?	f in Baltimore Ci-	ty, give exact 1	ocation)
	21D. TIME OF INJURY	Month) (Day) (Year)	WH	E. INJURY OCCUP	ILE	21F. HOW DID INJURY	OCCUR?		
	22. I hereb	y certify that I att ive on 2-1	ended the de	cceased from nd that death occ	1-	31 , 19 53 to t at 1:25pm., from th	2-1, 1s	953, that I le	ast saw the
	23A. SIGNA	47 Malue	e Vac.	м. о.	23B. 494	ADDRESS D Eastern Ave.,	Balto. Md	. 23c. DA	-53
3	A. BURIAL, ON, REMOVAL (S	pecify) 2/4/15	1539	NAME OF CEME	W CUM	n am 240. L	CATION Wity, to	9/01	(State)
	ATE RECEIVE	RAR	SSIGNATUR	E. With his	97	FUNERAL DIRECTOR	(:M.	ADDRESE	322

See leter in Document file from Dr. Margaret Palmer B.C.H.

· PART THAT OF THE

2. DATE

(Where deceased lived, If institution; residence B. COUNTY hefore admission) Umore (If outside corporate limits, write RUZAL and give (If rural, give location) 9. AGE (In years) last birthday) Months: Days Hours: Min. IV BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTE 14. MOTHER'S MAIDEN NAME mmeno INTERVAL BETWEEN ONSET AND DEATH HEMORRHAGE DEONARY HATERY DISCASE 20. AUTOPSY (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR?

OF

DEATH

VS 150

193, that I last saw the m., from the causes and on the date stated above. 23c. DATE, SIGNED 24A BURIAL CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETER 240 LOCATION (City, town (State) 248. DATE

Jurial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

EMINORIA DE LA FERME SANDIOLA

1	8	DASS BALTIMORE CITY HE	EALTH DEPARTMENT	53 4990
	BI	S3 NO. 1236 CERTIFICAT	E OF DEATH	Registered No. 1236
	1. (T	NAME OF DECEASED Kassaka Fis	s Jolan	2. DATE 0F 2 /2/53
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore	A. STATE	re deceased lived. If institution; residence B. COUNTY before admission)
ully su	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Location)		tside corporate limits, write RURAL and give
groly.	4	Yrs.	D. STREET ADDRESS (If run	ral, give location)
and legiony		Length of stay in Baltimore Life Mos. Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	3626 Coole	Age tve
should arly an	1	emale while massile		last birthday) Months Days Hours Min.
n sho learl	Cork	A. USUAL OCCUPATION (Give kind of doneduring most of working life, even if retired) Home Home	11. BIRTHPLACE (State or forei	gn country) 12. CITIZEN OF WHAT COUNTRY?
em or information snou causes of death clearly		n. R. Lancaster	14. MOTHER'S MAIDEN NAMI Mamie O'Conner	E /
of de	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
ses	(John A. Kassakati	s,3626 Coolidge Ave
NG INK. Every item s: please write the car	ATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ouchopu	recuracio
UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	native fear	2 Dis.
-	AL.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
LY, WITH important.	EDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., i eboot home, ferm, fectory, street, office bldg.,		n Baltimore City, give exact location)
y imj	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY	ED 21F, HOW DID INJURY O	OCCUR?
alla		m. WORK AT WORK	1034	12, 19, Sthat I last saw the
especi		22. I hereby certify that I attended the deceased from formal deceased dive on 1953, and that death occur	rred at 4 45 pm., from the	causes and on the date stated above.
is		Anshaw T. Wass M.D.	130 ash lees	Doce St. 23c. DATE SIGNED
PLEASE W	TIC	Burial Feb. 5/53 Loudon Park		MOTO 29, Md.
PLEAS		TERECEIVED BY REGISTRAR'S SIGNATURE	avry N. Custo	Address 4301 Edmondson Avo.
		VS 150	/	

DESTRUCTION OF THE PARTY OF THE

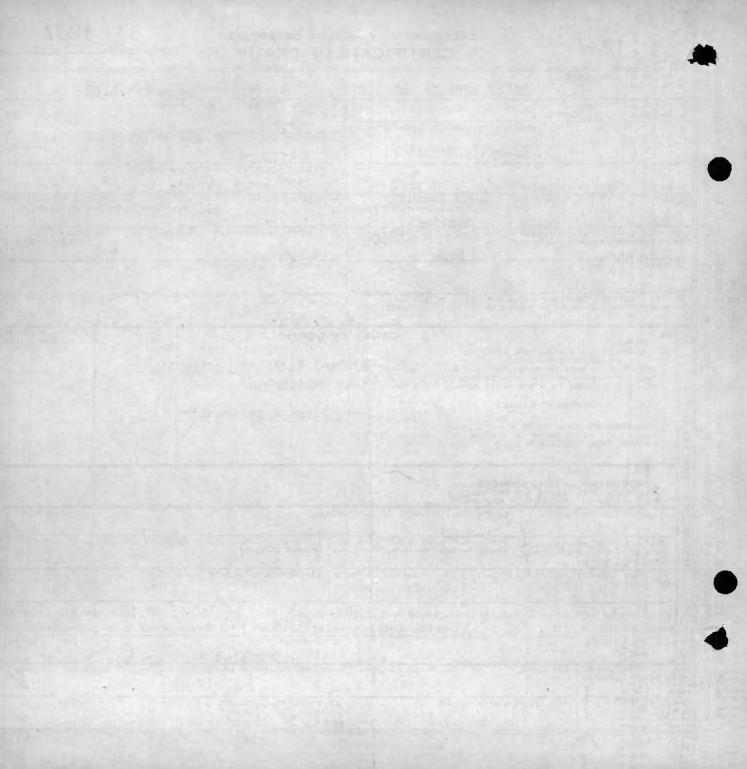
A	125
	(3)
	53 12
	BIRTH NO.
	1. NAME OF DE (Type or Print)
	3. PLACE OF DE
	B. FULL NAME OF HOSPITAL OR INSTITUTION
	ut
	c. Length of st
	Female
	10A. USUAL OCC work done during most of
	13. FATHER'S N.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1237 Registered No.

1. NAME OF DECEASED (Type or Print)	2. DATE OF The 7 2007			
MELLIE EUGENIA MALUNE.	DEATH FED. 1,170)			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locations				
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RULA, and give			
St. Joseph's Hospital	Baltimore 2000			
M. M.	rs. D. STREET ADDRESS (If rural, give location)			
	os. 3505 Gough Street- 24			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (in years II Under I Year If Under 24 Hours Last hirthday) Months: Days Hours Min.			
Female White Married	Nov. 21,1880 12			
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OF INDUSTRIBLES OF BUSINESS OF INDUSTRIBLES OF BUSINESS OF INDUSTRIBLES OF BUSINESS OF INDUSTRIBLES OF INDUS	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Housework Own Home	Maryland			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John Truitt	Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ao or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS			
	Mrs Bartus Wigley, 4231 Flowerton Rd			
18. 33/X , CAUS	E OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	UNSET AND DEATH			
	erebral Vascular Accident			
II heart faillire, agthenia etc. It means the disease	ight Hemiplegia			
ANTECEDENT CAUSES				
C.s	eneralized Arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
UNDERLYING CONDITION LAST.				
F OTHER SIGNIFICANT CONDITIONS CON-				
LU TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	PERATION 20. AUTOPSY?			
T	YES NO X			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. about home, farm, factory, street, office b	g., iu or 21C. WHERE DID (If in Baltimore City, give exact location) ldg., etc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR?			
OF INJURY WHILE AT NOT WE WORK AT WO				
	Jan. 29th, 1953, to Feb. 3 rd, 1953, that I last saw the			
22. I hereby certify that I attended the deceased from Jan. 29th, 1953, to Feb. 3 rd, 1953, that I last saw the deceased alive on Feb. 3rd, 1953, and that death occurred at 5:35a m., from the causes and on the date stated above.				
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED			
Carlo l'orno	77 Feb 7 1057			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEM.	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
Burial Feb. 5/53 Few Catheda	ral Baltimore 29.Md.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS			
LOCAL REGISTRAR	Harry M. Kithkel 101 Edmondson Ave.			
	A court A. College Lot Dumondson the			



ally supplied.

UNFADING INK. Every item of information should be c. Physicians: please write the causes of death clearly and legio

PLEASE W. E PLANLY, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 1238

B	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No	11.050	
1	NAME OF DECEASED (Sype or Print) Carl Williams	wheelock		2. DATE OF FE 6	3,1953	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in:	stitution: residence before admission)	
В.	FULL NAME OF (If not in hospital or institu	tion, give street address or location)		Bellmor		
11	NSTITUTION Union Memoral	Husp	Balhmere	outside corporate limits.	etownship)	
0	Length of stay in Baltimore 34	Yrs. Mos. Days	105 St. Dunst			
5	Mente White WIDON	E, MARRIED, NED, DIVORCED (Specify)	May 3 1887	9. AGE (In years 10 m last birthday) Mont	der 1 Year hs: Days Hours Min.	
10 wor	A. USUAL OCCUPATION (Give kind of lob. KIN k done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?	
	B. FATHER'S NAME	ahma) Ins.	Massachus	et/s	USA	
	John C. Whestock		14. MOTHER'S MAIDEN NA	Williams		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. np. or unknown) (If yes, give war or dakes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS	
_	NO NO	216-09-4742	Mrs Margaret 11)	heelick .	same_	
	18. 331 X	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY		01	. 1.1-		
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	h.) DUE TO	raf hemerkay			
	ANTECEDENT CAUSES	C. T.	isolenn			
SATION	DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TOUNDERLYING CONDITION LAST.	NG				
RTIFIC	11	_(C)		••••••		
ш	OTHER SIGNIFICANT CONDITIONS CO	TED .				
AL C	19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDICA	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PL about home	ACE OF INJURY (e. g., in farm, factory, street, office bldg.,	u or 21c. WHERE DID (1: stc.) INJURY OCCUR?	f in Baltimore City, giv		
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from Jan 27, 1953 to 53, 193 that I last saw						
	deceased alive on Feb 2, 1953,	and that death occur	red at 6 m., from th	re causes and on the	date stated above.	
	Harry S. Green	/ M.D. 2	Unin Mem	- 1/41 1	23c. DATE SIGNED	
2 TI	AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)	
	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE I	25. HUNERAL DIRECTOR	connice	DDRESS	
-	OCAL REGISTRAR	· · · · · · · · · · · · · · · · · · ·	Merson to	Touby lo	odlil Morth	

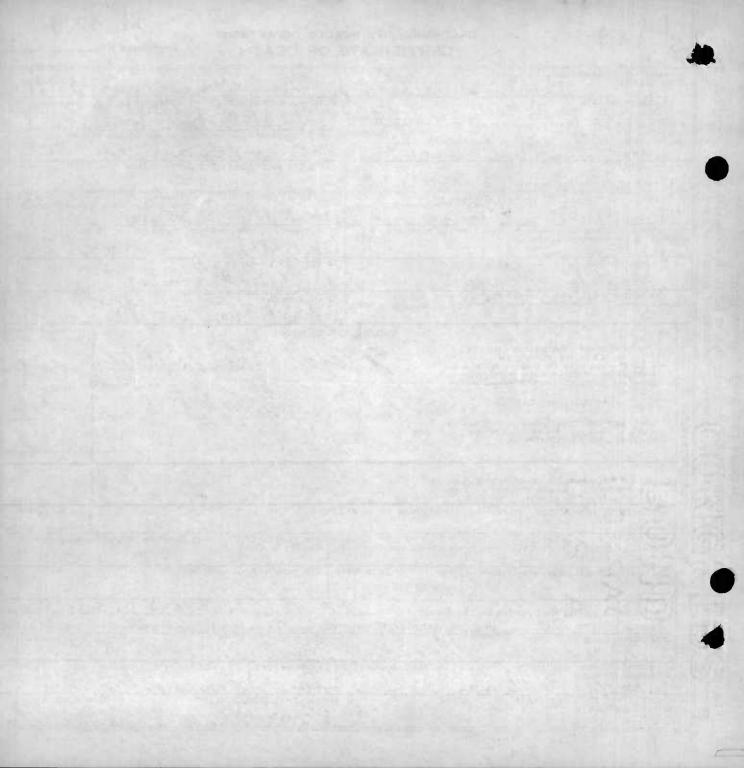
VS 150

13alt.-1

AND STATE OF BEATHER. TAYLOR STORY STORY

VS 150

1	452	BALTIMORE CITY H	MEH DEPARTMENT	× 5.	3 123	9
5. BI	1260 RTH NO.		E OF DEATH	Register		
	NAME OF DECEASED () ype or Print)	Teresa Clanes	, (Catherine Te	2. DATE OF J	eb. 3-	-1953
Α.	PLACE OF DEATH: Baltimore City, Maryland Baltimore Full NAME OF (If not in hospital or in	finore Mg.	4. USUAL RESIDENCE	Where deceased live		residence ore admission
H	DISPITAL OR WILLIAM ST. W. STITUTION WILLS ST. W. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	ichael location)		If outside eorporate	limits, write RU	RAL and gi
1	7	Yrs. Mos.	o. STREET ADDRESS (I	f rural, give location	n)	6
		Days INGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	1 1 1/2) Months Days	If Under 24 Hou Hours Min
10 worl		KIND OF BUSINESS OR	11 BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF
0	ATTUR Charity		14. MOTHER'S MAIDEN	NAME .	L.S.	
15	Toniel Clan WAS DECEASED EVER IN U. S. ARMED FORCE	CEST 16. SOCIAL	Bridget C	ummin		1
(Ye	a, no or nnknown) (If yes, give war or dates of serv	SECURITY NO.	Dister Mary Jo	rette = 0	illa St	Nichael
	DISEASE OR CONDITION DIRECT LEADING TO DEATH		OF DEATH	1.0.1	ONSET	ANO DEAT
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	yocarace	yaya	eleon /	WEEK
7	ANTECEDENT CAUSES	Chi	our teller	retules	111.	?
TION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.		70200		unous	
FICA		(C)		•••••••••••••••••••••••••••••••••••••••		
ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATEO				
AL C		AJOR FINDINGS OF OPER	RATION			AUTOPSY?
IEDIC/		B. PLACE OF INJURY (e. g., t home, farm, factory, street, office bldg.,		(If in Baltimore C	ity, give exact	location)
2	210. TIME (Month) (Day) (Year) (Hour OF INJURY	WHILE AT NOT WHILE		RY OCCUR?		7.33
	22. I hereby certify that I attended		May ,195 760	Fish 3.	19 II that I l	ast saw t
	deceased alive on 143, 19, 23A. SIGNATURE	3. and that death occu	rred of Them., from	the eauses and		tated abou
2.	4A. BURIAL CREMA 24B. DATE	24C AME OF CEMETE	ERY OR CREMATORY 240	LOCATION (City,	town, or county)(State
_	ATE RECEIVED BY REGISTRAR'S SIG	3/ Shose	25. FUNERAL DIRECTOR	nmils	uil M	4
	OCAL REGISTRAR	127 12 (DE 10 - 6	110	1 . //	· Lund.	1/0111



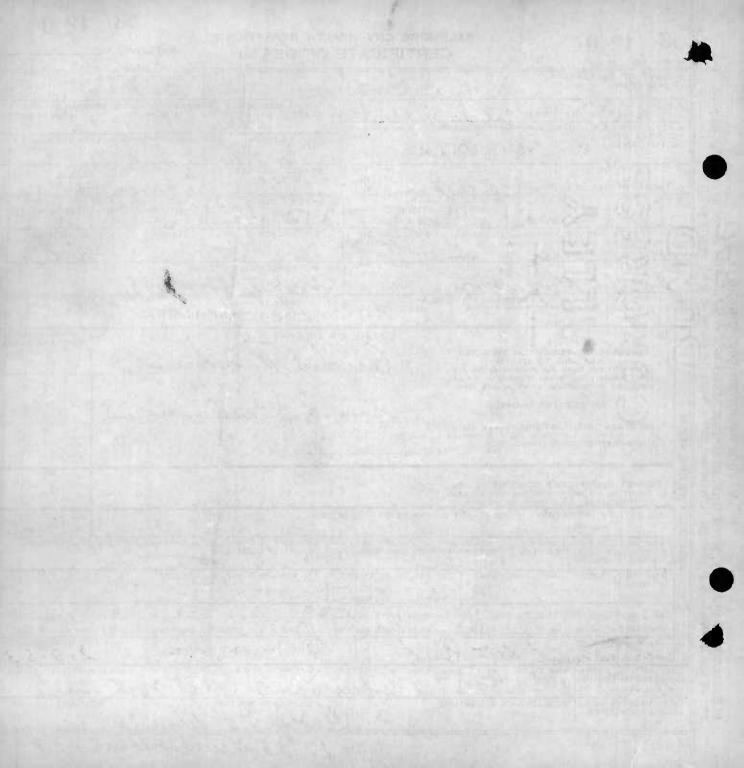
ADDRESS

DATE RECEIVED BY

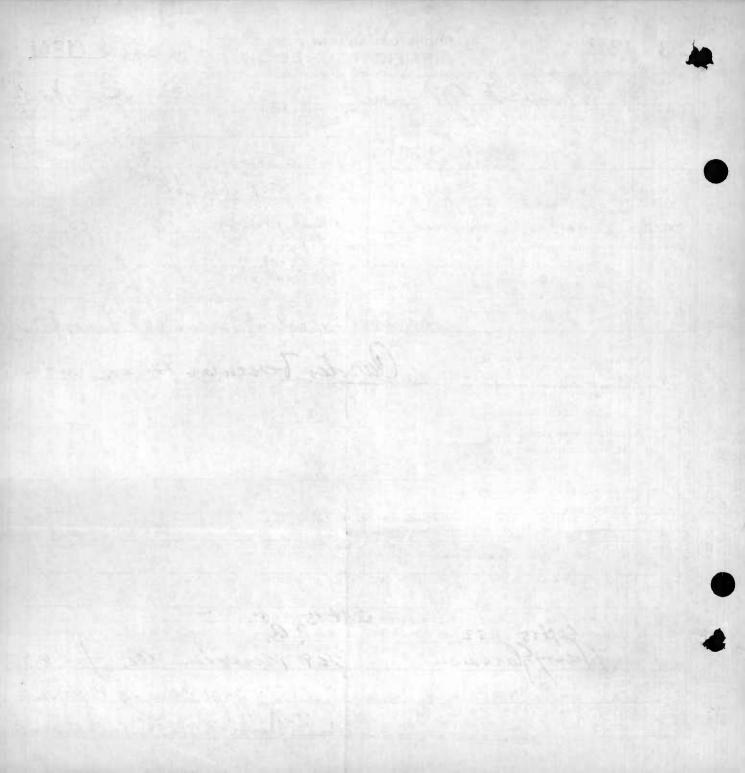
LOCAL REGISTRAR

VS 150 JUL

REGISTRAR'S SIGNATURE



M		MA	SCARI	
	1.	53 1241 BALTIMORE CITY H	EALTH DEPARTMENT 5	3 1241
The		IRTH NO. CERTIFICAT	E OF DEATH Registered N)
		NAME OF DECEASED Type or Print) Dominick Mascani	2. DATE OF TOLOR	2.1953
supplied.	A.	Baltimore City, Maryland Bolts. And.	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
lly sı	H	FULL NAME OF (If not in hospital or institution, give street address or location)		write RURAL and give township)
	+	2611, Plant St.	D. STREET ADDRESS (If rupal, give location)	- Land
leg leg		Length of stay in Baltimore 5040. Mos. Days		
should be ca	3.	SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	last birthday) Mon	ths Days Hours Min.
VDING information shoul of death clearly		A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) N. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) N. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
r ath c	13	B. FATHER'S NAME	14. MOTHER SMATDEN NAME	
forn f de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT AD	DRESS
BINDING of inform uses of dea	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Nicholas Mascari 611 & L	mucod Que
Ean Can			OF DEATH	INTERVAL BETWEEN
FOR y iten		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	des bescular Deces	o Sudden
Every ite		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
23	7	ANTECEDENT CAUSES		
N RESEING INK.	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN NFADINC hysicians:	IFIC	(c)		
MARGIN UNFADING Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
н.	LC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITH mportant.	ICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, gi	ve exact location)
Y, apor	MEDI	HOMICIDE (Specify) shout home, farm, factory, street, office hidg.	,etc.) INJURY OCCUR?	
U _A		21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		
PLA		m. work At work		that 7 last 11
Spec		22. I hereby certify that I attended the deceased from deceased alive on (5, 1957, and that death occur	arred at ? Am., from the causes and on the	, that I last saw the e date stated above.
'FR is		23A. SIGNATURE COLOR SOLA MALLONS	23B. ADDRESS	23C DATE SIGNED
E Wage	24	4A. BURIAL CREMA- 24B DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town,	(r county) (State)
SAS		Burial Jele 5-1953 Holes Kedieme	Cometer 4430 Belair Rd.	Balto. Md.
PLEASE WR correct age is	D.L.	ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	Losen Faisce Inc. 712-14E. No.	ADDRESS'
	=	VS 150	1 /2 1 10.110	
	[]	290	64	

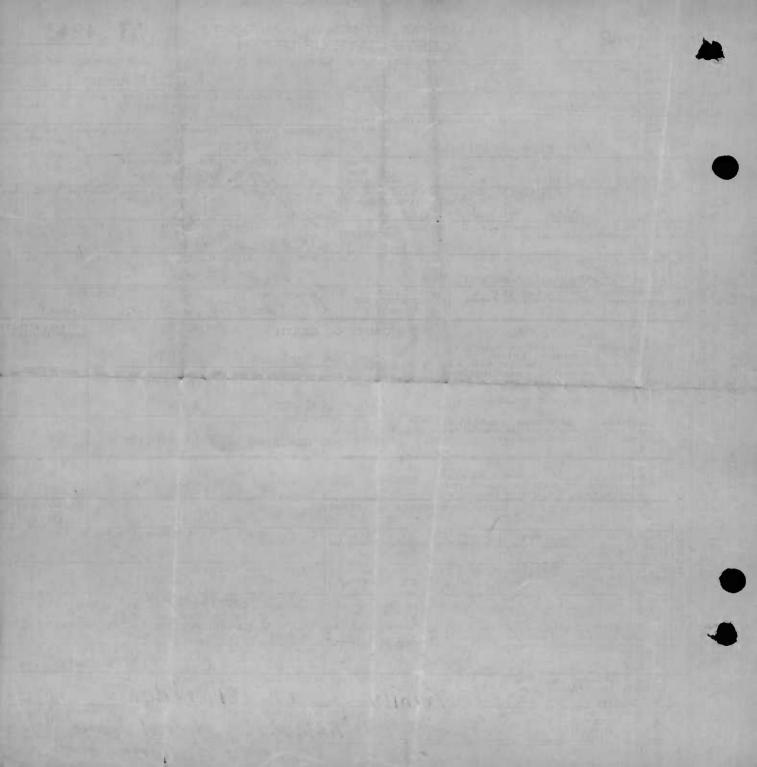


MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1242

から	RTH NO.	~	C	ERTIFICATI	E OF DEAT	H	Registere	d 140	
1.	NAME OF D		ORGE	CORSIAN		UI I	2. DATE OF DEATH Fel	ruary 1	, 1953
Α.	Baltimore (City, Maryland	al or institution	n, give street address or	4. USUAL RESIDE	yland	B. COUNTY	l, If institution bei	i : residence fore admission)
H	OSPITAL OR ISTITUTION	University		location)	c. CITY OR TOWN	(If ou	tside corporate li	imits, write R	URAL and give
	Langth of s	tay in Baltimore	30	Yrs. Mos. Days	D. STREET ADDRI		ral, give location le Street)	
The same of	.sex Male	6.COLOR OR RACE White	(3.	MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH	H S	AGE (In years	Months Day	Hours Min.
	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		DE BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITI WHA	ZEN OF AT COUNTRY
1:	FATHER'S	VAME			14. MOTHER'S MA	LIDEN NAM			
TY	5. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Potes	iana	ADDRESS	200
	(This does heart failt	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which	TH of dying, e.g., ans the disease,	(77)	of DEATH	<u>n</u>		ONSE	RVAL BETWEE
		ANTECEDENT CAU	SES	Myoca	rdial infarc	t			
ATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING THE	DESENTO	red aneurysm	of lef	t ventri	cle	
ERTIFICATION	TRIBUTING	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
0				FINDINGS OF OPER	RATION			20. YES	AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-	about home, far	CE OF INJURY (e. g., i m,factory,street,office bldg.,	n or 21c. WHERE D		in Baltimore Ci	ty, give exact	location)
M	21D. TIME OF INJURY	(Month) (Day) (Year	WI	TE. INJURY OCCURR		INJURY (OCCUR?		
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and free the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about									
	and de	eath in my opinion	resulted fr	om: natural cause	nquiry, fina that 8 ☑, accident ☐,	suicide [], homicide [, undeterm	nined [].
2	4A. BURIAL,	Mian //	Jours	C. NAME OF CEMETE	ASSISTANT M	EDICAL EX	AMINER	Februar	y 2, 195
TI	Buria	Perify) 2-5-	-53	Trinity C	Cometery	EIK	ridge	ADDRE	Mdj.
	OCAL REGIST		'S SIGNATUR	5 Quan 16	AAM DWOS		neral/	Home	me
v	S 151	Walter Walter	0		4	40 E	· Kora	5 Au	CA



-	11	200				
4	M	53 1243	BALTIMORE CITY HE CERTIFICATE		53 Registered No.	1243
led. The	1 (NAME OF DECEASED OHN	SIWAK		OF JEB	3'1953
lly supplied.	B	Baltimore City, Maryland 3216. Full NAME OF (If not in hospital or in lospital o	A ELLIOTT ST estitution, give street address or location)	A. USUAL RESIDENCE (Whe	re deceased lived. If insti B. COUNTY tside corporate limits, ver	before admission)
Illy		NSTITUTION	Yrs.	BALTO	24 2E	/ fownship)
be ca	5	Length of stay in Baltimore SEX 6.COLOR OR RACE 7.S	Mos. Days	3219 ELL	O. AGE (in years) If Under	1 Year If Under 24 Hours
IDING information should be ca	4	MALE WHITE MOA. USUAL OCCUPATION (Give kind of 1 10B.	ARRIDO (Specify)	NOV.151879	gn country) Months	Days Hours Min.
cion sl	MO:	rk done during most of working life, even [fretired] LABORER 3. FATHER'S NAME	NSONEO INDUSTRY	POLAND 14. MOTHER'S MAIDEN NAM		U.S. A.
ING format	_	Lawronce SI 5. WAS DECEASED EVER IN U. S. ARMED FORCE	WAK	WNKNOW	V	
BIN	(Y	es, no or unknown) (If yes, give wer or dates of serv	\$13-05-8791	M. ANNA SIWA	4143219EN	LOTT ST
5 th		DISEASE OR CONDITION DIRECT	CTLY	of DEATH		S. Atuan
- 1		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	ascura o		0- fil. 16/8.C
RESERVED INK. Even	z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY,		zones Kupes	edele;	State/20
ING I		RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	(C)	yearled Fa	lur	Jun 20/13
MARGIN UNFADING Physicians:	CERTIFI	TRIBUTING TO THE DEATH, BUT NOT F	RELATEO	me		
ы			AJOR FINDINGS OF OPER	ATION		YES NO L
X, WITI	1EDIC	LYING OR CONTRIBUTING abou	B. PLACE, OF INJURY (e. g., in thome, farm, factory, street, office bldg., e	to:) INJURY OCCUR	n Baltimore City, give	exact location)
A A		21D. TIME (Month) (Day) (Year) (Hour	r) 21E. INJURY OCCURRI WHILE AT NOTWILLE MORK AT WORK	1	CCUR?	
E PL		22. I hereby certify that I attended deceased alive on feel 3, 19.	33, and that death occur		causes and on the d	
		23A. SIGNATURE	M. O.	3B. ADDRESS 942 / Entr	ATION (City, town, or c	3c. DATE SIGNED 2-3-53 county) (State)
PLEASE W	T	BURIAL CREMA- ION, REMOVAL (Specify) BURIAL FEB 7/5	3 ST. STANISLAL	DS-CEM, DUN,	DALK AV	E
PLI		DATE RECEIVED BY REGISTRAR'S SIG	SNATURE STANDARD	STEPHEN . PAKK	OWSKI INC	DDRESS
		VS 150	Conse Man	: E. F : Though:	MANCHEN	WOOD AVE

 3. PLACE OF DEATH:

B. FULL NAME OF

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

illy supplied.

should be

information s s of death cle

item

the

ERTI

BIRTH NO.				
. NAME OF DECEASED Type or Print)	Leo	Mis	Kimon	(LEE

2. DATE FOSTER MISKIMONTH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNT before admission)

(If not in hospital or institution, give street address or

C. CITY OR TOWN (If outside corporationits, write RIVA Prand give

INSTITUTION

D. STREET ADDRESS (If rural, give location)

14. MOTHER'S MAIDEN NAME

. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE

A. Baltimore City, Maryland

Days 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)

Yrs.

Mos.

Lynnansor AGE (In year) H Under I Year last hirthday) | Months | Days | Hours | Min.

10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY bldg.

11. BIRTHP 12. CITIZEN OF

13. FATHER'S NAME

18.

16. SOCIAL 5-09-481 30 Greenmoundprissenue

15. WAS DECEASED EVER N U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, eve war or dates of service)

CAUSE OF DEATH

Naomi Miskimon

LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

20. AUTOPSY

INTERVAL BETWEEN

ONSET AND DEATH

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

AT WORK

23B. ADDRESS

deceased alive on 2-2

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

ended the deceased from 2-1, 1953, to 2-2, 1953, that I last saw the 1953, and that death occurred at 355 Pm., from the causes and on the date stated above. , 1953, that I last saw the

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Oak Lawn Cemetery FUNERAL DIRECTOR

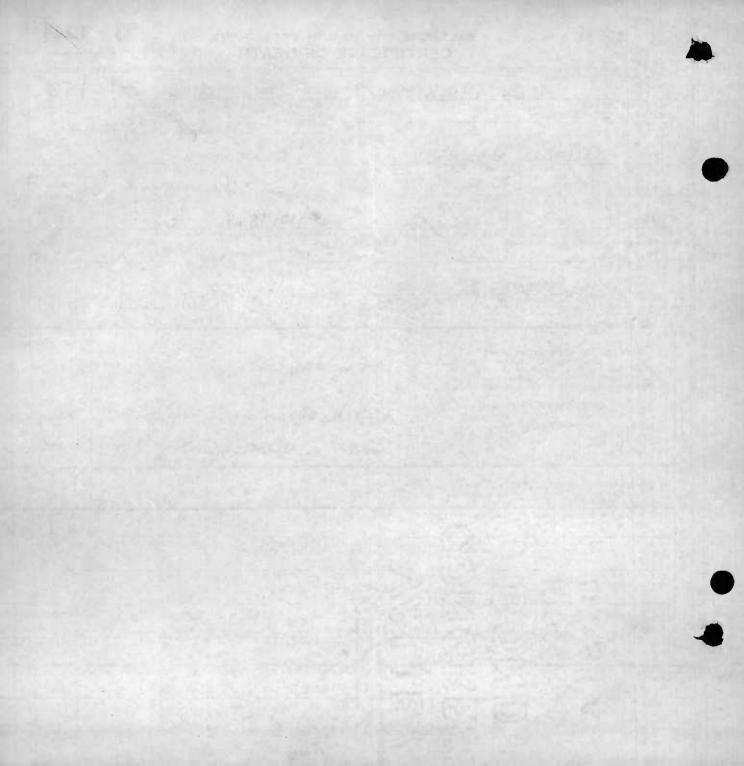
Baltimore, ADDRESS

24D. LOCATION (City, town, or county)

SONS,

VS 150

UNFADING Physicians: pi WITH PLEASE WR correct age is



ij,
leg y.
leg
and
clearly
lea
leath
jo
es
causes
the
write the
WI
-
please
ld

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No1245

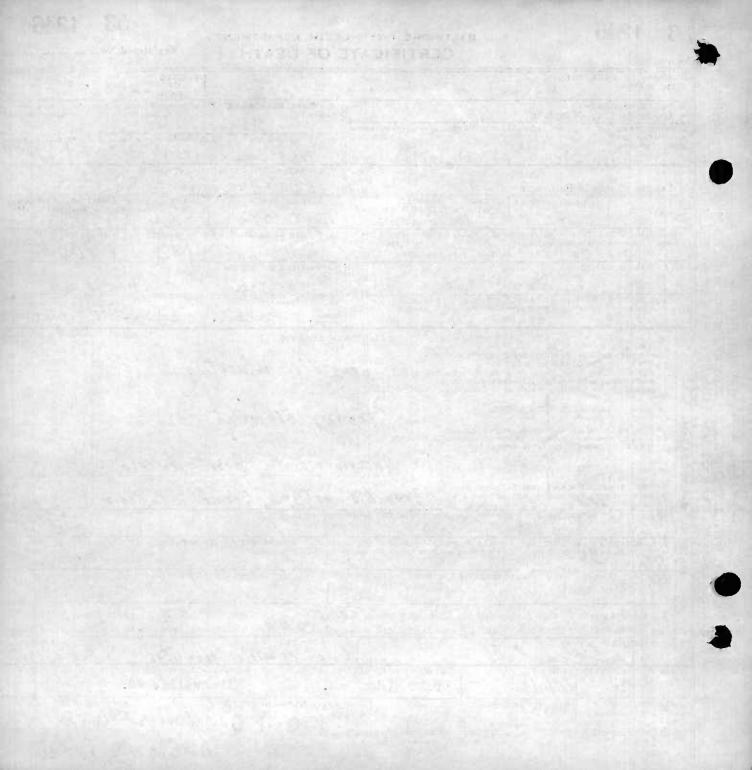
1. NAME OF (Type or Print		nal	El De	anne	2. DATE OF DEATH	-el- 4.1953
3. PLACE OF	City, Maryland			4. USUAL RESIDI	ENCE (Where deceased lived	
B. FULL NAM	E OF (If not in hospit	al or instituti	on, give street address or		nd. ba	nnell
HOSPITAL OF	3	OPKINS H	location)	c. CITY OR TOWN		mits, write RURAL and give township)
23			Yes-	D. STREET ADDE	SS (If rural, give location)	
c. Length of	stay in Baltimore		Days Days		ac diffees	
Femal	6.COLOR OR RACE	Was of the	MARRIED, DIVORCED (Specify)	9-10.	18 st birthday)	Months Days Hours Min.
10A. USUAL C	OCCUPATION (Give kind of st of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	< >		14. MOTHER'S MA	IDEN NAME .	
Tho	1.d y, 1.	Jaron	ces.	gaa h	elleans	
(Yes, no or unknown	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HOSPITA	ADDRESS
(This do heart fa injury of the learn fa injury of the learn factor for the learn factor fact	ASE OR CONDITION LEADING TO DEA' considered the mode of complication which of the complication c	TH If dying, e. g. Ins the disease aused death. EES F ANY, GIVING STATING TH	(B)	ha abelo Faen	ninal	ONSET AND DEATH
W TRIBUTI	SIGNIFICANT CONDING TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
. 19A. DATE	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		YES NO
21A. ACC LYING CAUSE O	IDENT WAS UNDER- OR CONTRIBUTING F DEATH	218. PLA about home, fa	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE D	OlD (If in Baltimore Cit R?	y, give exact location)
21D. TIME OF INJUR	(Month) (Day) (Year)		TIE. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?	
22. I her	eby certify that I at			- 29 195	3 to 2 - 4 15	53, that I last saw the
decensed	aline on 2-4	19 53				n the date stated above.
23A. SIGN	Aller to Pl	en fle		O- AMBREON -	PKINS HOSPITAL	23c. DATE SIGNED
24A. BURIAL TION REMOVAL	(Specify)	1953	Proude	1 10	CUTTULE	wn, or county) (State)
DATE RECEIVED LOCAL REGIS	ED BY REGISTRAR	S SIGNATU	18 9 D	25. FUNERAL DIR	ECTOR Mine	ADDRESS HOLD
					11	1111

See complete autopsy finding in Decument File (DO NOT PHOTOSTAT THE FOLLOWING.:

"Surgical absence of lamina and part of intervertebral disc L4-L5 Laceration of anterior capsule od disc and anterior ligaments.

Transverse laceration of right common iliac artery just above origin of hypogastric. Massive retroperitoneal hemorrhage.

Surgical absence uterus, fallopian tubes, and right ovary



lly supplied.

item

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE LILLY CARRIE NIX DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or JOHNS HOPKINS HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) (Rogers Forge Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs information should be of death clearly and l 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years II Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. II Under 1 Year WIDOWED, DIVORCED (Specify) 1-23-78 75 11. BIRTHPLACE (State or foreign country) VIdame 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C. Rapp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. 2011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., lum ary heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION_ 20. AUTOPSY YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 1953, to 2-3 22. I hereby certify that I attended the deceased from. 1953 deceased alive on_ and that death occurred at_ 23A. SIGNATURE

PLEASE WR correct age is

, 1953, that I last saw the 605Pm., from the causes and on the date stated above. 23 CHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

6.

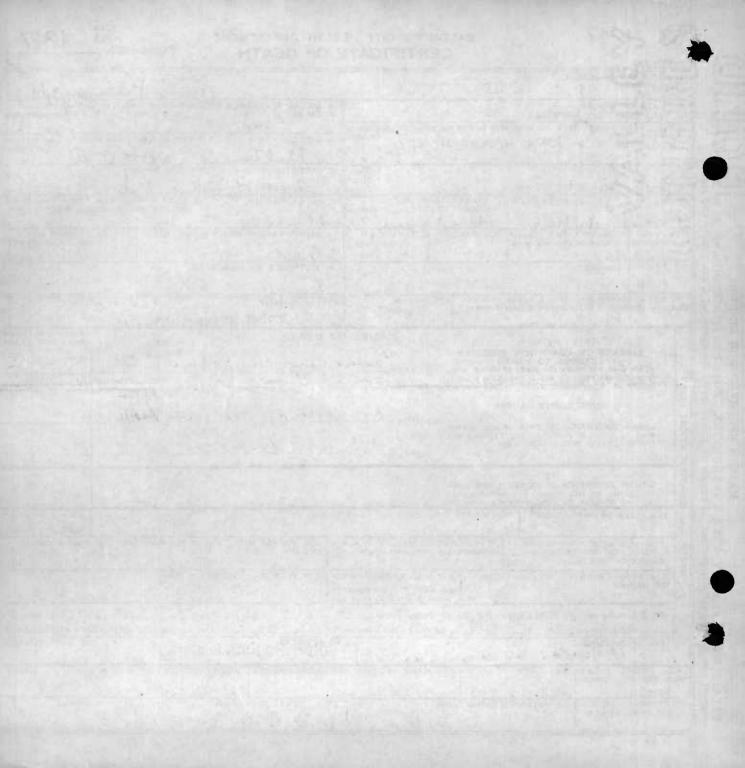
Feb.

Woodlawn Cem.

Woodlawn.

25 FUNERAL DIRECTOR

VS 150



	H	
	supplied.	
	lly	
	Ī	ď
	ca	20
	be	P
	plnods	arly an
	ation	ath cle
2111	inform	s of des
7	of	Ses
77.	tem	car
4	y i	the
200	Ever	write
TOTAL TOTAL	INK.	nlease
MANUAL MANUAL MANUAL MINISTER MANUAL	PLA. Y, WITH UNFADING INK. Every item of information should be callly supplied. The	hysicians:
	WITH L	rtant. F
	Y,	odmi.
	PLA	rially

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1248

BIRTH NO.						
1. NAME OF I (Type or Print)	Mar	ie Elizabeth Keer	nan	2. DATE OF POD	2,1953	
3. PLACE OF I	City, Maryland		4. USUAL RESIDENCE	Where deceased lived, If	institution: residence before admission)	
B. FULL NAME		al or institution, give street address o		D. COOKITI	before admission)	
HOSPITAL OR		location		If outside corporate limit	ts, write RURAL and give	
INSTITUTION 2723 Tivoly Ave.,			Baltimore 7-06			
6.00		48 - Yrs.	D. STREET ADDRESS (I		9000	
c Length of	stav in Baltimore	Mos.	2723 Tivoly	- ATE 0		
5. SEX	6. COLOR OR RACE	Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH		I Under 1 Year It Under 24 Hours	
m 7		WIDOWED, DIVORCED (Specify	7)	last birthday) Me	onths Days Hours Min.	
Female	White	Married	Feb.7,1904	48		
ork done during most	of working life, oven if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	ioreign country)	12. CITIZEN OF WHAT COUNTRY	
House-		60 00	Md.			
13. FATHER'S	NAME		14. MOTHER'S MAIDEN I	NAME		
Edward Byrne			Elizabe	Elizabeth Teague		
15. WAS DECEAS	SED EVER IN U. S. ARME		17. INFORMANT		DDRESS	
no or unknown	(If yes, give war or date	se of service) SECURITY NO.	Joseph F. Keer			
A	V			lan creo 11	INTERVAL BETWEEN	
18. 193	X		OF DEATH		ONSET AND DEATH	
	SE OR CONDITION LEADING TO DEA	DIRECTLY S	lio - flasto tempora		2	
(This doe	es not mean the mode oure, asthenia, etc. It men	of dying, e. g., (A)		rie	5 mg	
Injury or	complication which	eaused death.) DUE TO	tempora	lobe		
	ANTECEDENT CAUS	SES				
z		(8)				
DISEASE RISE TO	ES OR CONDITIONS, 1	F ANY, GIVING				
UNDERL	YING CONDITION LA	AST.				
2		(C)	***************************************	***************************************	4462	
OTHER :	11					
OTHER :	SIGNIFICANT CONDI					
TO THE	DISEASE OR CONDITION					
	OF OPERATION 1	98. MAJOR FINDINGS OF OPE	The state of the s		20. AUTOPSY7	
1 He	e. 1952	glio Flan		eal loke	YES NO	
	DENT WAS UNDER-	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID	(If in Baltimore City,	give exact location)	
CAUSE OF	DEATH	-		-	Andrew - Adres	
21D. TIME	(Month) (Day) (Year	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJUI	RY OCCUR?		
OF INJURY		WHILE AT NOT WHILE		-		
		m. WORK L AT WORK		1-31	•	
		tended the deceased from	Dec. , 1952, to			
		_, 1953, and that death occu	erred atto VI .m., from	the causes and on t		
23A. SIGNA	261-01	none	3105 Below	ns	23c. DATE SIGNED	
Car Dunia	Tarner 1	M. D.	21 2 10 0		2-3-53	
24A. BURIAL	CREMA- 248. DATE Specify)	24C. NAME OF CEMET	ERY OR CREMATORY 240.	LOCATION (City, town	, or county) (State)	
Burfal	2-5-1	953 New Cathe	edral	Baltimore.	Md.	
DATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
- FRA	Turte	ng on I wash by	G. Howard Stron	18 3207 W. N.	orth Ave.	
VC 150		0				
VS 150						

DI Glove Mornes En 019 Charles State - State State

The	53 1249 BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT E OF DEATH Registered No.	1249				
	1. NAME OF DECEASED (Type or Print)	2. DATE					
supplied.	THEODORE R. ROBINSON	OF DEATH 2/3/5	3				
ilqc	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before admission)				
ns	B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND	,				
ully	HOSPITAL OR INSTITUTION VA HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)				
n v	BALTIMORE	BALTIMORE 15-0) a cownship)				
0.	Yrs.	o. STREET ADDRESS (If rural, give location)					
l le	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1737 N. FULTON AVENUE 18. DATE OF BIRTH 19. AGE (In years) Units					
should bearly and	MALE NEGRO WIDOWED, DIVORCED (Specify)	4/22/03 last birthday) Month	I Year If Under 24 Hours Days Hours Min.				
on shou	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FISHERMAN & OYSTERMAN	11. BIRTHPLACE (State or foreign country) 12 VIRGINIA	CITIZEN OF WHAT COUNTRY? USA				
th	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
rmr	JOHN ROBINSON	ALVERTA REID					
of information	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unkoowo) (If yes, give wer or dates of service) SECURITY NO. YES 11/5/42 - 4/1/43 228-05-7823	17. INFORMANT ADDRESS VA HOSPITAL RECORDS VAH, BALTO. 18, MD.					
em of i	18. 521 X CAUSE	OF DEATH	INTERVAL BETWEEN				
y item	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	NARY ABSCESS, RIGHT	unknown				
Every write th	injury or complication which caused death.) OUE TO						
2 2	ANTECEDENT CAUSES						
INK.	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************				
7 24 24	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.						
UNFADING Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		***************************************				
AD cia							
UNF	OTHER SIGNIFICANT CONDITIONS CON-						
[발립	TO THE DISEASE OR CONDITION CAUSING IT.						
H.	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
Y, WITH	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (c. g., in Lying OR CONTRIBUTING about home, farm, factory, street, office hidg.,	o or 21c. WHERE DID (If in Baltimore City, give					
n por	LYING OR CONTRIBUTING about home, farm, factory, atreet, office hidg., c	etc.) INJURY OCCUR?					
S.E.	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?					
4	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
PECir.	22. I hereby certify that attended the deceased from	1/29 , 1953, to 2/3 , 19 53 W	COPTOR CONTROL				
gr. de	Adebrased Allaho on XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		late stated above				
-	Z)A. SIGNATURE 2	3B. ADDRESS 2	3C, DATE SIGNED				
age		A HOSPITAL, BALTIMORE 18, Md.	2/3/53				
SE	24A. BURIAL, CREMA- 24B. DATE 110N REMOVAL (Specify)		county) (State)				
EA	Ourial 2-3-33 Pa/10.	lat. Palto N	1.				
PLEASE WE correct age is	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR TO Madison	Ave.				
	FEBVS 150/053 910	12					

THOUSENING ATTACHMENT OF GRADIES

media . Sissing ALLOW THE PROPERTY OF THE PROP THE ENDING THE BUILDING

VS 150

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY

YES

NO

township)

. The sales of the

*	53	251	BAI			OF DEATH	Registere	N3 1251
1.	NAME OF DE						2, DATE	
(T;	Mrs. Madeline Kaminsky						OF	Feb. 3, 1953
	. PLACE OF DEATH: . Baltimore City, Maryland					4. USUAL RESIDENCE ((Where deceased lived, B. COUNTY	
В.	FULL NAME OF (If not in hospital or institution, give street address or					Maryland		
IN	OSPITAL OR location) ISTITUTION Bon Secours Hospital				beation)	c. CITY OR TOWN (If outside corporate limits, write RUR.		mits, write RURAL and g townsh
7				Yrs.	Balto. 23	f rural give location)		
_	Length of stay in Baltimore 38 VKS. Days			Mos. Days	2207 Booth S	t. 2	0-04	
5.	SEX F	6. COLOR OR RACE	7. SINGLI WIDOW Marri	E, MARRIED. /ED, DIVORCED ed	(Specify)	2-26-94	9. AGE (In years last birthday)	Months Days Hours M
0	. USUAL OCC	CUPATION (Give kind of working life, even if retired)		OF BUSINESS	OR I	II. BIRTHPLACE (State or		12. CITIZEN OF
6 1	housewi:		176	MESTI	USTRY	Switzerland		WHAT COUNT
3	FATHER'S N	AME	1,7			14. MOTHER'S MAIDEN	VAME /	1.07.07.7
	Mr.	- Bes	SQUX			y	n Know!	V.
15 Yes	no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY	NO. 1	7. INFORMANT Husb		ADDRESS
	NO	None		NONE	=.	Mr. Reinhold K	aminsky 220'	7 Booth St.
	18. 58	+X 1		CA	USE O	F DEATH		ONSET AND DEA
		E OR CONDITION LEADING TO DEAT	TH			12 1 0-27		
	heart failure, asthenia, etc. It means the disease,			onges	tive heart fail	ure		
		complication which c		.) OUE TO				
,		ANTECEDENT CAUS	ES	(5)	cute	cholecystitis a	nd cholelit	niasis.
5	DISEASES	OR CONDITIONS, IN	ANY, GIVIN	IG				
3	UNDERLY	ING CONDITION LA	ST.					
2								
2	OTHER SI	GNIFICANT CONDI	TIONS CON	4.				
ן ני	TO THE DI	TO THE GEATH, BUT	CAUSING I	.о т		_HH		
CAL	19A. DATE O 2-1-5		9B. MAJOR	FINDINGS OF	OPERA	TION		YES NO
EDIC		ENT WAS UNDER- CONTRIBUTING		ACE OF INJURY farm, factory, street, of		21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)
	210 TIME (Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURREC	21F, HOW DID INJUR	RY OCCUR?	
2	OF INJURY							

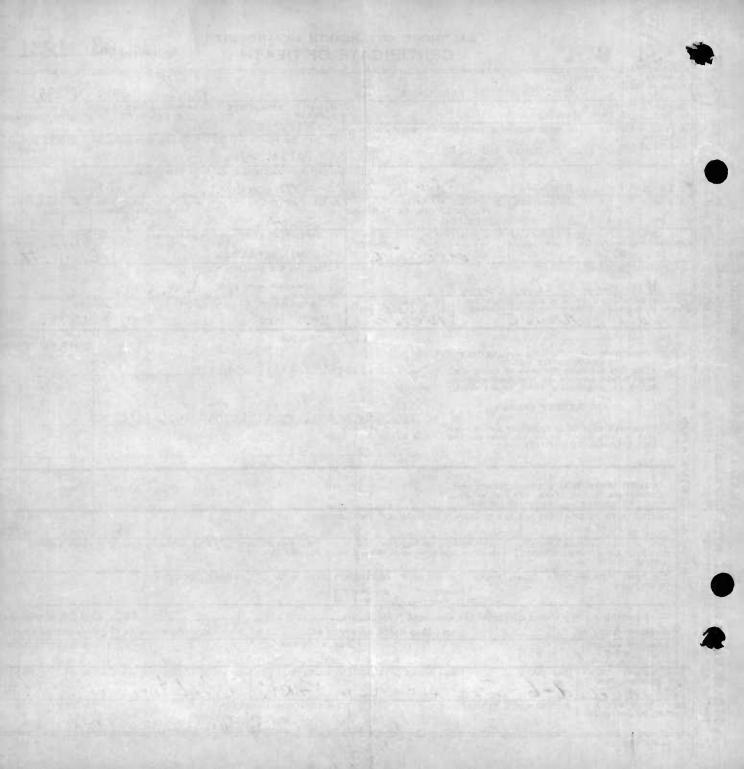
23B ADDRESS 234 SIGNATURE 24A BURIAL CREMA-TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY

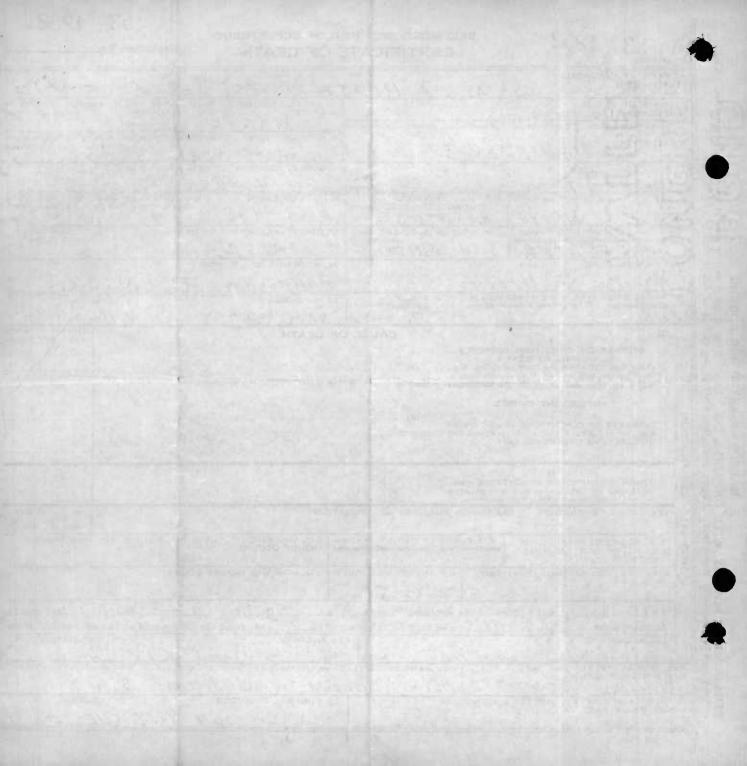
240 LOCATION (City, town, or county) (State) MORE 170 ADDRESS 101/REJERIO

23c. DATE SIGNED

B 45 159953

REGISTRAR'S SIGNATURE





2-10-53 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 1953 ally supplied. DEATH 3. PLACE OF DEATH: USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR IIf outside corporate limits, sente RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION Yrs. Mos. information should be c c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (In years | h Under 1 Year | h Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) July 29, 1885 DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY Brackin County, Kentucky. U.S.A. Housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Turner unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANTHOPKINS HOSPITAL ADDRESS SECURITY NO. no 18. CAUSE OF DEATH INTERVAL BETWEEN item 2011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (arterisclerotic (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the diseasc. Injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218, PLACE OF INJURY (e.g., ia or | LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 2 -. 1953 to 2 - 2 - , 1953 that I last saw the 1953 and that death occurred at 2 10 Am., from the causes and on the date stated above. deccased alive on 2-2 -23A. SIGNATURE 23c. DATE SIGNED PLEASE WE correct age is JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4c. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) Holy Redeemer Cemetery, Burial 1953 Baltimore, Md. Feb. 5. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 501 E. 22nd. St. VS 150

, = - x - x - x

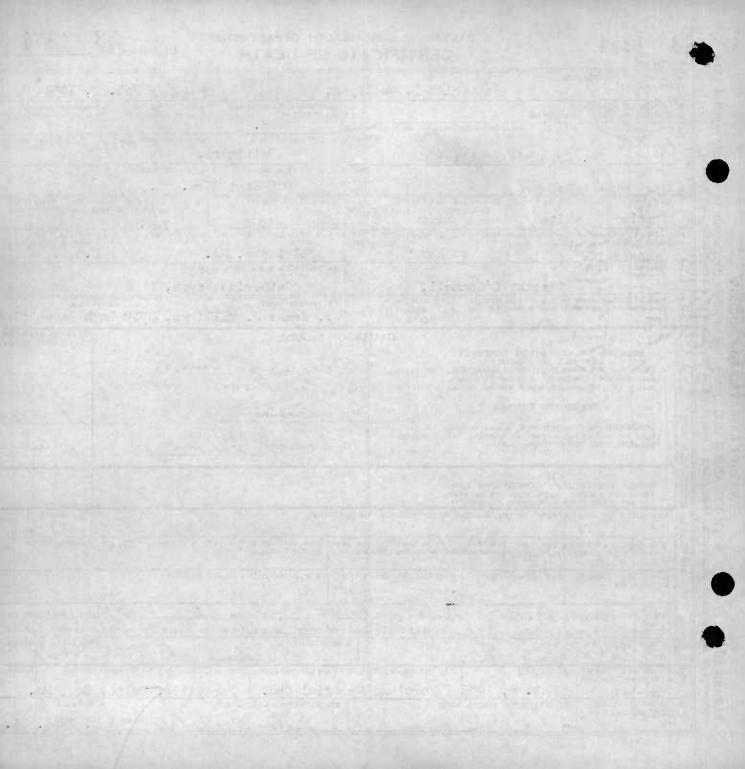
ully supplied.

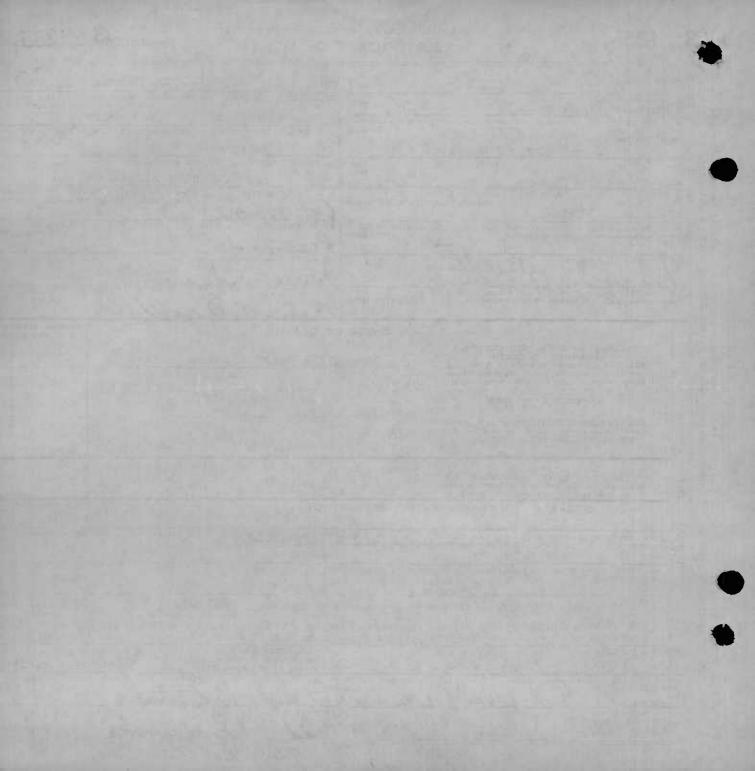
item

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Catherine T. Mulligan. Feb. 2, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md . (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate lim ARURAL and give INSTITUTION township) Baltimore. St. Joseph's Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 505 East 23rd. St. c. Length of stay in Baltimore Days information should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. I if Under 24 liours WIDOWED, DIVORCED (Specify) female white July 7, 1875 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. at home U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Timothy O'Connell, Catherine Regan. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) [(If yes, give war or dates of service) SECURITY NO. Mr. James J. Mulligan, 8519 Lock Raven Blvd no none 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriose Serotic Cardio-Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Vascular Disease with injury or complication which caused death.) DUE TO Hypoulensian ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p Pulmonary UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 22. I hereby certify that I attended the deceased from 1-1-46 , 19_, to_ 2-2 . 1933, that I last saw the 1953, and that death occurred at 4 p.m., from the causes and on the date stated above. deceased alive on 1- 30 23A. SIGNATORE 23c. DATE SIGNED 2-3-53 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Moreland Memorial Cem. | Parkville, Balto. Co., Md. Feb. 5, 1953 burial DATE RECEIVED BY 25. FUNERAL DIRECTOR

PLEASE WR

LOCAL REGISTRAR



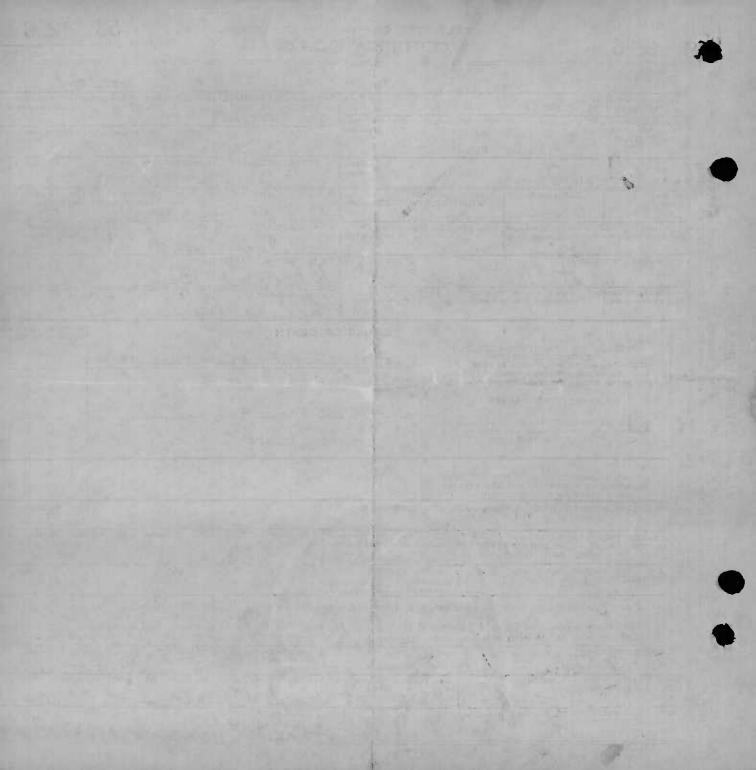


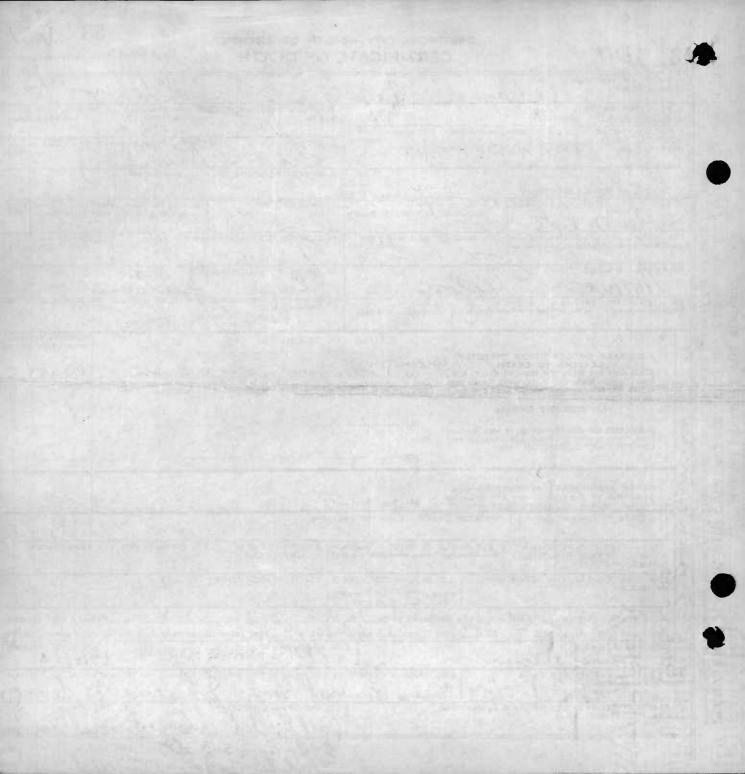
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1256

	即	Park Mo:		
Ē	(T	NAME OF DECEASED (ype or Print) WALTER JOHNSON		of DEATH February 2, 1953
supplied		PLACE OF DEATH: Baltimore City, Maryland	A. STATE	here deceased lived. If institution : residence B. COUNTY before admission
Idn		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland C. CITY OR TOWN (If o	outside corporate Umits, water RURAL and giv
20		STITUTION Franklin Square Hospital	Baltimore	townshir
ally y.		Yrs.	D. STREET ADDRESS (If r	
PIQ	-	Length of stay in Baltimore Mos. Days	913 N. St	ricker Street
e ca legi	Montes	SEX 6.COLOR OR FACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under 1 Year If Under 24 Hour
d b		Male Colored WIDOWED, DIVORCED (Specify)	1847	last birthday) Months Days Hours Min
should be early and l		DA. USUAL OCCUPATION (Give kind of lob. KYND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	
information shous of death clearly	13	Beather's NAME Halter Tise Bipt	14. MOTHER'S MAIDEN NA	Bell
inforr of de		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 16. SECURITY NO. SECURITY NO.	17. INFORMANT BI	ADDRESS 1426 W Fe and
y item of in		18. 420.1 CAUSE	OF DEATH	INTERVAL BETWEE
em		DISEASE OR CONDITION DIRECTLY	J. 22/111	ONSET AND DEAT
the it		(This does not mean the mode of dying, e.g., (A) Arterios	sclerotic cardiova	scular disease
Every vrite th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
Ever		ANTECEDENT CAUSES		
	7	DISEASES OR CONDITIONS, IF ANY, GIVING	ary occlusion	
INK.	ō	RISE TO THE ABOVE CAUSE (A) STATING THE MOREOTO	adial infanat	
AG.	AT	C)VOCA	rdial infarct	
UNFADING Physicians:	RTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
N'N'	CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
-	7	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION	YES X NO
ILY, WITH important.	DICA	21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e. g., in underlying OR CONTRIB. uting Cause of Death.		in Baltimore City, give exact location)
PLAINLY, especially impo	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?
LA		22. I certify that I took charge of the remains described a	bove, held an Partia	1 Autopsy thereon and from
espec		the evidence obtained by said Autopsy, Inspection or l and death in my opinion resulted from: natural causes	inquiry, find that said de	ceased died on the day stated abov
WRI e is		23A. SIGNATURE	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINER 23c. DATE SIGNED
PLEASE W		AA. BURIAL CREMA- 245. DATE 24C, NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 240. LC	OCATION (City, town, or county) (State)
EA		Feb 6 153 Palto Plat	Cametry 13	altinory may
PI		ATE RECEIVED BY REGISTRA SIGNATURE	25. FUNERAL DIRECTOR	muarld 1463 No. Clay
	V	S 151 770 74		18





THE TARK SO STONE IS I CHEST

VS 150

The State of the S	53	1260 RTH NO.	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No	3 1260
supplied. 7	(T:	NAME OF DECEASED TO A PLACE OF DEATH:	TREPOL	SKY 1 4. USUAL RESIDENCE (W.	2. DATE OF DEATH Dere deceased lived. If in	4-53
ddn	A.	Baltimore City, Maryland	stitution, give street address or	A. STATE MA	B. COUNTY	before admission
IIIy s	HC	SPITAL OR STITUTION	location)	C. CIT OR TOWN (If	outside corporate Uniti	vrite BUIGAL and give
E A		4201 /nau	Yrs.	D. STREET ADDRESS (If I	ural, give location)	
ca. legibły	c.	Length of stay in Baltimore	Jo Mos Dave	4201 Ma	me a	oe
ng p	Zer		NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	Under 1 Year It Under 24 Hours ths Days Hours Min.
should early a	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
ion 1 cle	13	EATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
VDING information of death cl	1	Mathiala		Marions	(IVI Es	
BINDING of inform uses of des	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCE	16. SOCIAL SECURITY NO.	17: INFORMANT	AD	DESS D
of in	(,200	(1.50)	SECORITI NO.	Tannie Cap	Law-33661	owkaten
pref and		18. 42011		OF DEATH		ONSET AND DEATH
e tt. o		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying	ileus	2 Coronary H	in nulsasis	Sulden
		heart failure, asthenia, etc. It means the d injury or complication which caused	lisease,	······································	***************************************	•••••
2		ANTECEDENT CAUSES	-11.10	la is a ste in	eco. he	
RESE INK.	NO O	DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	There are a die	3000 100	1000
G E	ATIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.		verit as	lose	
ADING icians:			(C)			
MARGIN UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED			
H	C		JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
WITH rtant.	CA	210	. PLACE OF INJURY (e. g.,)	n or 21C, WHERE DID (I	f in Baltimore City, gi	YES NO
LY, WITH	MEDIC	LYING OR CONTRIBUTING about CAUSE OF DEATH	home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		TO CARCE TOCULONY
H N		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE		OCCURY	
PLA			m. WORK AT WORK	1942 10 11 7	4 10.13	that I last saw th
espe		deceased alive on 7 4 . 194	ine deceased from and that death occur	rred at m., from the	he causes and on th	
		23a SIGNATURE		23B. ADDRESS	-AP	23C. DATE SIGNED
E WR	24	BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION Wity, town,	or eounty) (State)
orrect a	1	hural (Specify) Z-J- \(\frac{3}{3} \)	Int Ca	A5. FUNERAL DIRECTOR	Halt	ADDRESS
OF L		ATE RECEIVED BY REGISTRAR'S SIGN	Ex 2 Cours of	The state of the s		16 1 W

Here Garrenson Blad

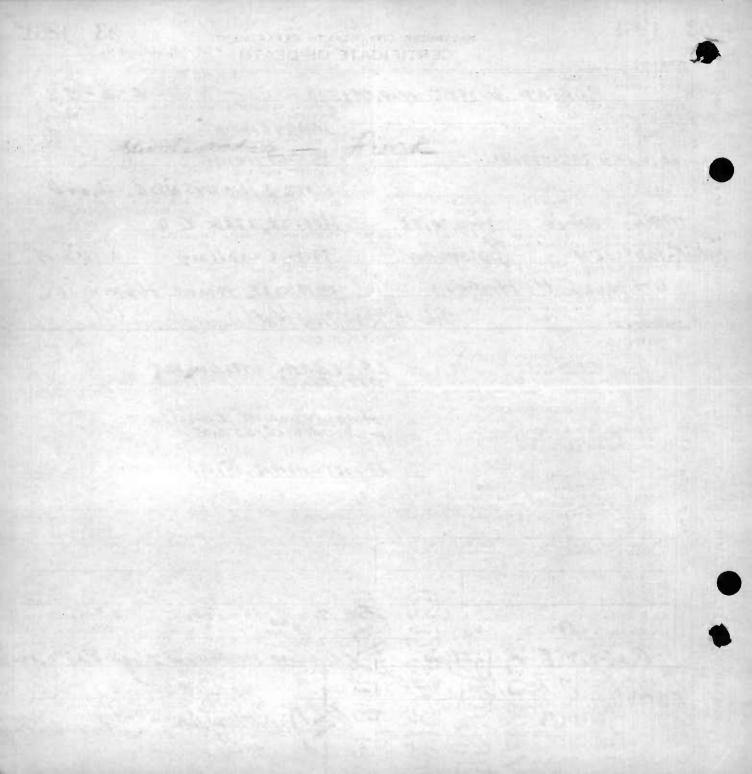
supplied.

RESERVED

53 1261

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ROBERT WADE HARRIS DEATH Z Z - 3 5 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write bi)R.1. and give INSTITUTION (ownship) UNION MEMORIAL BALTIMIRE Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 1412 SHADYSNDE Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) MSC. 28, 1886 66 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of tops KIND gork done during most of working life, even if retired) OF BUSINESS OR 12. CITIZEN OF INDUSTRY US 4 -BREWER No. Carolina 14. MOTHER'S MAIDEN NAME MANIE ANNE HAMMILL 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 18. 443X INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CEREBRAL UMSCOLAR LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Hypertensius cardio DISEASES OR CONDITIONS, IF ANY, GIVING UNFADING Physicians: p RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. AURICUIAN FIBRICINTIAN 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL important. 21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? PLAP: especially OF INJURY 953 to F16. Z 22. I hereby certify that I attended the deceased from 2 1953, and that death occurred at m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED BURIAL CREMA-REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150



VS 150

1	1)
,	The	
	lly supplied.	
		9
	ASE WRY PLA Y, WITH UNFADING INK. Every item of information should be capilly supplied.	clearly and leg-
NDING	informatio	s of death o
OR BI	item of	e cause
EVED F	Every	write th
RESEI	INK.	please
MARGIN RESERVED FOR BINDING	UNFADING	Physicians:
	WITH	ortant.
4	Y	imp
	PLA	pecially
	WRY	ge is c
	ASE	ct ag

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1262

	BIF	RTH NO.		
	1. (Ty	NAME OF DECEASED OPE OF Print) AMES CORNIST	2. DATE OF DEATH 2-3	-1953
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)
	HO	FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OF TOWN (If outside corporate limits, wr	
	1144	527 N. CENIRAL AVE	SALLINORE 5	township)
	0	Length of stay in Baltimore LIFE Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Il Under lest birthday) Months	1 Year M Under 24 Hours Days Hours Min.
	100	A. USUAL OCCUPATION (Givekind of JOB, KIND OF BUSINESS OR	3-10-1865 87	
	work	done during most of working life, even its tired) INDUSTRY	RA/Ta: Md.	CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	(UOSA CORNISH	ELIZAbelh!	
	(Yes,	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	ADDRESS ADDRES	ess of cuts
	T	18. L 1 2 . CAUSE G		INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 - Land Man Onl	ONSET AND DEATH
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ay-pares vascon	2-29/
		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	sease - artani)
	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	Belevoses	***************************************
2	ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	RTIFICATION	(C)		
	RTI	OTHER SIGNIFICANT CONDITIONS CON-		
2	CE.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	CAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION	YES NO
Por our	EDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., of CAUSE OF DEATH	or 21C. WHERE DID (If in Baltimore City, give tc.) INJURY OCCUR?	exact location)
	2	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE OF INJURY	21F. HOW DID INJURY OCCUR?	
		m. WHILE AT NOT WHILE AT WORK AT WORK	7 6 5 15	
4		22. I hereby certify that I attended the deceased from		at I last saw the
2		deceased alive on the 3, 19 and that death occur		CADATE SIGNED
0	0.4	IA. BURIAL, CREMA-1 24B, DATE 24C, NAME OF CEMETER	RY OR CREMATORY 24d. LOCATION (Lity, town, or e	ounty) (State)
3	THO D	N. REMOVAL (Specify) 2-6-53 AT. CALV	ARY A. A. COUNTY,	nd
1	DA		25. FUNERAL DIRECTOR AD	DRESS

1400 C. Cheese

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

1263

The	BI	12b	3		CERTIFICAT	E OF DEATH	Registered	No	1,400
	1.	NAME OF D	ECEASED WALTER	IEE CE	ROCKETT		2. DATE OF DEATH	Feb. 4	, 1953
lly supplied.	A.		City, Maryland			4. USUAL RESIDENCE ((Where deceased lived.	If institutio	on : residence efore admission)
Ily su	H	FULL NAME OSPITAL OR ISTITUTION	US Public He Hospita Trive & 31st	alth s			If outside corporate lin	nits, write R	township)
es es leg	5	7	tay in Baltimore	?	hours Mos.	D. STREET ADDRESS (1			
uld be	5.	sex M	6. COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED, /ED. DIVORCED (Specify Marri ed	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under I Year Months Day	ys Hours Min.
n sho	10 worl	A. USUAL OC done during most of NON	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Virginia	foreign country)	12. CIT WH	IZEN OF AT COUNTRY?
ADING information should be of death clearly and l	13	W.H.	Crockett			14. MOTHER'S MAIDEN I			
R BINDING	TE (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Records - US PH	S Hospital,	ADDRESS Balto,	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION I LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean eomplication which complication which complication which complication with the ABOVE CAUSE (A) ING CONDITION LATER CONDITION IN TO THE DEATH, BUT ISEASE OR CONDITION	H f dying, e. g as the diseas aused death ES ANY, GIVIN STATING THEST. TIONS CONNOT RELATE	(B)	OF DEATH	uspected.		inknown
н	AL C	The second second second second			FINDINGS OF OPE	RATION		20 YES	AUTOPSY?
Y, Impor	MEDIC	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year)	(Hour)	ACE OF INJURY (e.g., arm, factory, street, office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE	RED 21F. HOW DID INJUR	(If in Baltimore City	, give exac	t location)
WRITE PLA		22. I hereb deceased al 23A. SIGNAT J.A. H	TURE / U	1653 Tun	and that death occu	, 19, to	the causes and on	the date	last saw the stated above.
PLEASE W	TIG	A. BURIAL. (S ON, REMOVAL (S	Feb. 8,	1953	Lwain M	emoted Tan	gier Islan	il, Va	۷.
PL		CAL REGIST		SIGNATI	in Santi 19	A PUNERAL DIRECTOR	ming lon	ADDRE	Teld and

THE REPORT OF THE PERSON NAMED IN

PLEASE WRI

VS 150

	150
5	6301
	1204

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1264 egistered No. 1264

	BIRTH NO:	
11_	1. NAME OF DECEASED Harriett Brown 2. DATE OF DEATH DAN. 31	1953
	3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution as STATE) B. COUNTY before the country before th	residence ore admission)
Ш	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, drift RU	RAL and give township)
-	12/5 1108 NOT Ba/18.	to wilship)
11/2	c. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location)	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) NOV. 1862 9. AGE (In years in Under Vear landbirthday) Months: Days	Hours Min.
-	10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 1NDUSTRY 1NDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT	EN OF
	Edward Holland Harris MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no by with nown) (If yee, give war or dates of service) SECURITY NO. 17/INFORMANT SECURITY NO.	1215 hen St
		AL BETWEEN
	DISEASE OR CONDITION DIRECTLY	/ /4 0 4 .
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	· years
	injury or complication which caused death.) OUE TO	
:	ANTECEDENT CAUSES (B)	
	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************
1	UNDERLYING CONDITION LAST.	************************
	OTHER SIGNIFICANT CONDITIONS CON-	
1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTIPLE - Science 9	
1.		AUTOPSY?
1	YES 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	location)
1	LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
1	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from ARAA. 5, 1953, to Alan 3/, 1953, that I l	ast saw the
	deceased alive on ARAA 30, 1953, and that death occurred at 10 'm., from the causes and on the date st	tated above.
	John 8. J. Pounty m.o. 239 hi Carey St 2-3	-53
V	24A. BURIAL, CREMA- DION, REMOVAL Specify) 25/1952 24C, NAME OF CEMETRY OR CREMATORY 246 LOCALTION (City, town, or county)	(State)
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	322

Ily supplied.

Every item of information should be convrite the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

LY, WITH

PLEASE WK. PLAINLY, WITH correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

53 1265

BI	1265 RTH NO.		C	ERT	IFICAT	E OF DEATH	Reg	istered No	
1. (T	NAME OF D ype or Print)	ECEASED 9 corg	e Conv	ad	Zink		2. DATE OF DEATH	Feb 4	1,1953"
A.		City, Maryland				4. USUAL RESIDENCE	E (Where decease		stitution ; residence before admission
HO	SPITAL OR	OF (If not in hospit			location)	c. CITYOR TOWN Catonsville	(If outside corp		write MURAL and giv township
c.	Length of s	tay in Baltimore			Yrs. Mos. Days	910 Mauden		_	26.29
	Male	6.COLOR OR RACE	Ma		RCED (Specify)	John 17, 1904	48	thday) Mont	der i Yeer H Under 24 Hours hs: Days Hours Min
work	done during most o	CUPATION (Givekind of four files of working life, even if retired) AX Secreta JAME (William)		R.R.	NESS OR INDUSTRY	11. BIRTHPLACE (State E/Kridge, M 14. MOTHER'S MALDE	Manglans		2. CITIZEN OF WHAT COUNTRY
	Gen	GE W. ZIN				(Bucken	ham	L
15 (Ye	, no or unkoowo)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	6. SOC	URITY NO.	17. INFORMANT Muskydia P. Z.	rits		RESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (A) Hyperlevial Cardivascular Cardivascular (B)						ONSET AND DEAT		
AL C		OF OPERATION 1	9B. MAJOR FI	NDING	S OF OPER	ATION			20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLACE about home, farm	OF IN	JURY (e.g., i street, office bldg., i	or 21c, WHERE DID INJURY OCCUR?	(If in Baltime	ore City, giv	re exact location)
	21b. TIME (OF INJURY	(Month) (Day) (Year)	мни	LE AT	NOT WHILE				
		TURE 1 10	cnded the de	ceased d that	death occur	red at m., fro	m the causes o	and on the	that I last saw the date stated above
24 TIO		248. DATE 2/6/53			м. р.] E of CEMETE on Park	RY OR CREMATORY 24	to., Md.	City, town, or	county) (Sinte)
	ATE RECEIVE DCAL REGIST		S SIGNATURE	Sus	DMR.	25 FUNERAL DIRECT		Y Sm	ADDRESS

VS 150

Bollo 17, Md

Company of the control of the contro

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

Registered §3 1266

В	IRTH NO.	TIFICATI	E OF DEATH	V megistered ?	مورستان مر	
1.	NAME OF DECEASED Type or Print)			2. DATE		
	ANNA BELIA ELLIOTI			DEATH Feb.	4,1953	
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)	
В.	FULL NAME OF (If not in hospital or institution, give		Maryland	Balt	Longra	
H 11	OSPITAL OR NSTITUTION	location)	c. CITY OR TOWN (I	f outside corporate limit	s, write RURAL and give township)	
	Joseph's Hospitä	1	Bayyyndre Lo	ochearn	township)	
	111	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	Large	
	Length of stay in Baltimore 31	yrs. Days	3606 Lochern I	rive - 7	2200	
5	. SEX 6. COLOR OR RACE 7. SINGLE, MARI WIDOWED, DIV	RIED, ORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours on the Days Hours Min.	
	Female White Wido	wed	Jan. 26, 1872	81		
1C	OA, USUAL OCCUPATION (Give kind of the kin	ISINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
	Housewife at home	MDOSTRI	Canada		USA COUNTRY	
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	Thomas Barber			Davidson		
15		DCIAL	17. INFORMANT	Δ	DDRESS	
(10	no	ECURITY NO.	Mr. Carl Ellio			
_	18. 585X	CALISE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	CAUSE	OF BEATH		ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure asthenia et It means the disease.) (A)Cholecystitis &cholangitisacute					
	acces o restricted, coor to means one disease,		ecystitis & chol	angitis, acui	·G.	
	injury or complication which caused death.) Du	E TO				
	ANTECEDENT CAUSES					
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	***************************************	***************************************		
Ē		E TO				
S		(C)		***************************************		
RTIFICA	E114 E114 E114 E114 E114 E114 E114 E114					
	OTHER SIGNIFICANT CONDITIONS CON-					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Arter	iosclerosis, gen	eralized		
١	19a. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPER	ATION		20. AUTOPSY?	
S						
EDICAL	21A. ACCIDENT WAS UNDER- 21B. PLACE OF				YES NO K	
~	LYING OR CONTRIBUTING about home, farm, factor	INJURY (e. g., in ry, street, office bldg., e		If in Baltimore City,		
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN.		ito.) INJURY OCCUR?			
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY WHILE AT	JURY OCCURRI	ED 21F. HOW DID INJUR			
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY WHILE AT WORK	JURY OCCURRI NOT WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	zive exact location)	
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY while at work 22. I hereby certify that I attended the decease	JURY OCCURRI NOT WHILE AT WORK ed from Jan.	ED 21F. HOW DID INJUR 31 st 1953, to F	eb. 4 th 19	give exact location) 2 that I last saw th	
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY WHILE AT WORK	JURY OCCURRING WHILE AT WORK ed from Jan. at death occur	ED 21F. HOW DID INJUR 31 st 1953, to F	eb. 4 th 19	give exact location) that I last saw the he date stated above	
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the decease deceased alive on Feb. 4 th 9 53, and the	JURY OCCURRI NOT WHILE AT WORK ed from Jan. at death occur 2	ED 21f. HOW DID INJUR 21f. HOW DID INJUR 31 st , 1953, to F red at 2:30a m., from to 38. ADDRESS	eb. 4 th, 19 5	Tive exact location) That I last saw the date stated above 23C. DATE SIGNED	
Σ 2.	21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY m. WHILE AT WORK 22. I hereby certify that I attended the decease deceased alive on Feb. 4 th 9 53, and the 23A. SIGNATURE	JURY OCCURRI NOT WHILE AT WORK ed from Jan. at death occur A. D. 1	ED 21f. HOW DID INJUR 21f. HOW DID INJUR 31 st , 1953, to F red at 2:30a m., from t 38. ADDRESS 400 N. Caroline RY OR CREMATORY 240. L	eb. 4 th, 19 5 the causes and on the Street - 13 OCATION (City, town,	3, that I last saw the date stated above 23c. DATE SIGNED	
2.	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deccase deceased alive on Feb. 4 th 9 53, and the 23A. SIGNATURE 4A. BURIAL, CREMA- 24B. DATE 24C. N. BURIAL, CREMA- 24B. DATE	JURY OCCURRI NOT WHILE AT WORK ed from Jan. at death occur A. D. 1	ED 21f. HOW DID INJUR 21f. HOW DID INJUR 31 st , 1953, to F red at 2:30a m., from t 38. ADDRESS 400 N. Caroline RY OR CREMATORY 240. L	eb. 4 th, 19 5 the causes and on the	3, that I last saw the date stated above 23c. DATE SIGNED	
D	21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY m. WHILE AT WORK 22. I hereby certify that I attended the decease deceased alive on Feb. 4 th 9 53, and the 23A. SIGNATURE	JURY OCCURRI NOT WHILE AT WORK ed from Jan. at death occur M. D. 1 ME OF CEMETE	ED 21f. HOW DID INJUR 21f. HOW DID INJUR 31 st , 1953, to F red at 2:30a m., from t 38. ADDRESS 400 N. Caroline RY OR CREMATORY 240. L	eb. 4 th, 19 5 the causes and on the Street - 13 OCATION (City, town,	3, that I last saw the date stated above 23c. DATE SIGNED	

VS 150

Socto. 17, Md.

G	4	20	
he	BIRTH	NO.	

supplied.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE (Type or Print) OF Feb. 4, 1953 FRANCIS D. GILKEY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Homewood Apts. Cedar Falls Yrs. D. STREET ADDRESS (If rural, give location) 903 Washington St. c. Length of stay in Baltimore information should be 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) male Mar. 28, 1888 single 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Grain Operator (rtd Towa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry D. Gilkev Marion Hooper Shipley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. World War No Mrs. Helen L. Bennett - Homewood Apts CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO UNFADING Physicians: p CERTIFICATION APPROVED (C) ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the deceased from.

21E. INJURY OCCURRED NOT WHILE

21F. HOW DID INJURY OCCUR?

WORK

. 19.

, 19___, that I last saw the _. to_ .. and that death occurred at 1: 30Am., from the causes and on the date stated above.

 23A.

24A. BURIAL, CREMA-TION REMOVAL (Specify) Cremation

deceased alive on

SIGNATURE

February 5, 15B

REGISTRAR'S SIGNATURE

.. 19_

FUNERAL DIRECTOR

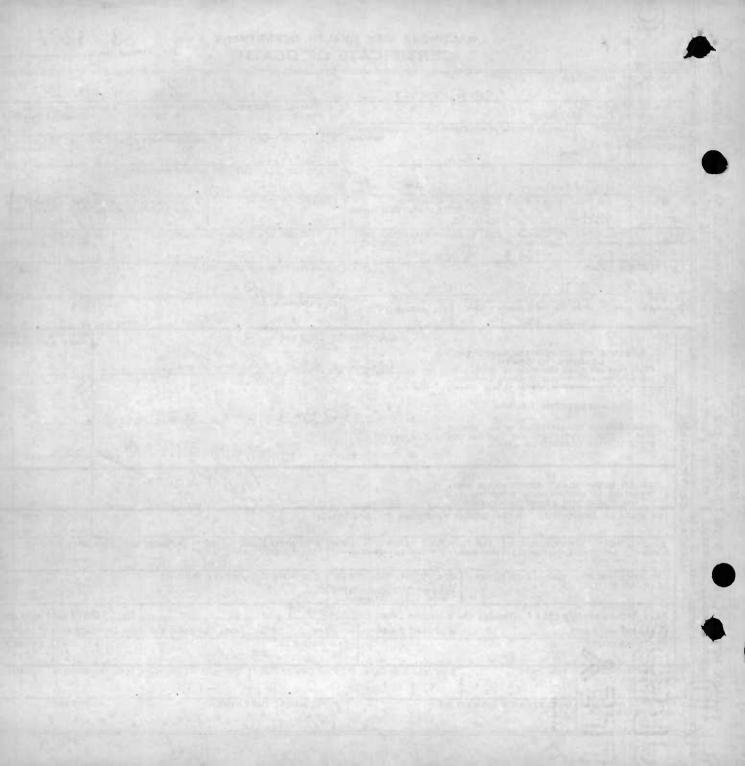
23c. DATE SIGNED 24C, NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

Loudon Park Crematory

VS 150



16. SOCIAL SECURITY NO.

CAUSE OF DEATH

17. INFORMANT

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE! AT WORK WORK

Non -/ 22. I hereby certify that I attended the deceased from_ _, 19_3, and that death occurred at_s dcccased alive on

24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

11

(Yes, no or unknown)

causes of item

FOR

RESERVED

Every

UNFADING Physicians:

important. DICAL

cially

LOCAL REGISTRAR

25, FUNERAL DIRECTOR

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

, 1922, that I last saw the 3 0 m., from the causes and on the date stated above.

20. AUTOPSY

before admission)

ULAL and give

Hours | Min.

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

ADDRESS

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

VS 150

ureal DATE RECEIVED BY

CAUSE OF DEATH

23A. SIGNATURE

OF INJURY

correct age

	1	F-5	00	BALTIMORE CITY HE	EALTH DEPARTMENT		53 1280
3	BI	1253 RTH NO.		CERTIFICATI		Registered ?	No
Th		NAME OF DE	CEASED	RICHARD FINN	EY	OF Feb	. 1, 1953
supplied	Α.	PLACE OF DE Baltimore C	ity, Maryland	l or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	f institution : residence before admission)
ly sur	H	OSPITAL OR ISTITUTION	Mercy Hos	location)	c. CITY OR TOWN (If Baltimore	and the same of th	ts, write RURAL and give township)
gir.y.	c.	Length of st	ay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If a		
ld be can		Male	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWET	8. DATE OF BIRTH	9. AGE (In years last birthday) M	ff Under 1 Year M Under 24 Hours onths Days Hours Min.
information should s of death clearly as			CUPATION (Give kind of working life, eveo if retired)	10B. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
cion h cl	13	B. FATHER'S N.			14. MOTHER'S MAIDEN NAME		
mar				ık.		Unk.	
infor s of d		S. WAS DECEASES	D EVER IN U. S. ARMED (If yes, give war or dates		Richard, Finney- 639 Mosher St.		
UNFADING INK. Every item of i Physicians: please write the causes	ERTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA III IGNIFICANT CONDIT TO THE OEATH, BUT SEASE OR CONDITION	DIRECTLY TH f dying, e. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE OUE TO (C) TIONS CON- NOT RELATEO	of DEATH Mio Cenehral Aerure Lei evativis R	Injury Et Lelo ghi Lelo	INTERVAL BETWEEN ONSET AND OEATH
book	L CE			BB. MAJOR FINDINGS OF OPER			20. AUTOPSY?
INLY, WITH y important.	MEDICA	UNDERLYING UTING	AL CAUSE WAS OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year) 1953 1:00		ED 21F. HOW, DID INJURY	f in Baltimore City, 100 E. OCCUR?	give exact location) OF Market /
AIIy		22 I comtif	as that I took shan		shows hold an Ins	neelen	thereon and from

thereon and from certify that I took charge of the remains described a Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses [], accident [, suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR 23c. DATE 23A. SIGNATURE

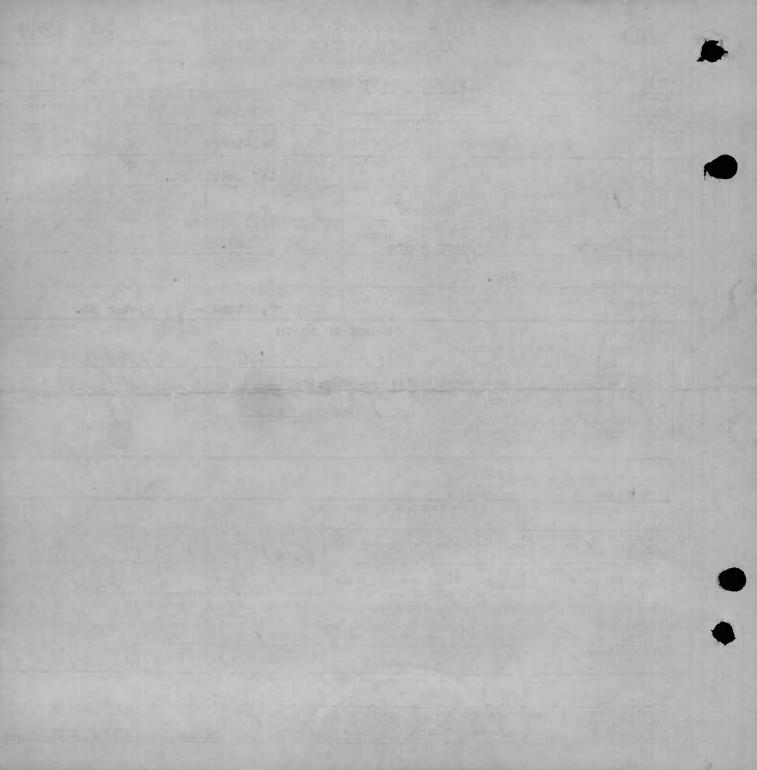
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

24B. DATE



MARGIN RESERVED FOR BINDING	PLEASE WR "E PLA Y, WITH UNFADING INK. Every item of informa	write the causes of deat
RESE	INK.	please
MARGIN	UNFADING	Physicians:
	Y, WITH	Important.
	TE PLA	pecially
	PLEASE WR	correct age is

1	50					F	53 1270
6	5	3 1270	ВА		EALTH DEPARTME	VT	
BIRT	H NO.			CERTIFICAT	E OF DEATH	Register	ed No
I. N	AME OF D	ECEASED				2. DATE	
, , ,		Eli	2.8.	Green	41	DEATH2/1	./1953
	altimore C	ity, Maryland]			A. STATE	B. COUNTY	d. If institution: residence before admission
HOSE	ILL NAME	OF (If not in hos	pital or institu	tion, give street address or location)			limits, write RUKAL and give
INST	ITUTION	Penrose	Avenue		C. CITT OR TOWN	Baltime	township.
01)	20112020		Yrs.	D. STREET ADDRESS		
c. Le	ength of st	ay in Baltimore	59 Yr	Mos. Days	1804 Penros	e Avenue	
5. SE	X	6. COLOR OR RAC	E 7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	's if Under I Year If Under 24 Hours Months: Days Hours Min.
	male	Col.	Si	ngle	July-12-76	76	
IOA. ork do:	ne during most o	CUPATION (Give kind working life, even if retire	ed)	O OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
	Domes.	tic	Mom	.6	Westmorlar		U.S.A.
13. F	ATHER'S N	AME			14. MOTHER'S MAIDE	NAME	
15 W		DEVER IN U. S. ARM	en	16. SOCIAL	Elvira	Bateon	
Yes, no	o or unknown)	(If yes, give war or d	ates of service)	SECURITY NO.	17. INFORMANT Lillian Hons	on 1804 Pe	address
CATION	(This does heart failur injury or DISEASES RISE TO THE	E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It re complication which ANTECEDENT CA GOR CONDITIONS HE ABOVE CAUSE () ING CONDITION	EATH e of dying, e. neans the disean eaused death USES IF ANY, GIVII A) STATING T	DUE TO (B) Hyp	retralot estercivé al disea	hrombos Cardisu se	onset and death f- 9 days
TE LE	TRIBUTING TO THE DI	II IGNIFICANT CON TO THE DEATH, BU SEASE OR CONDITION	T NOT RELAT	ED	RATION		20, AUTOPSY?
Z Z		0					YES NO
	YING OF	ENT WAS UNDER		ACE OF INJURY (e. g., farm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore Ci	ity, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME. (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK 21E. INJURY OCCURRED AT WORK 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 195, to fine bldging to the property of th							
o	ID. TIME. (DEATH	ar) (Hour)		ED 21F. HOW DID INJ	URY OCCUR?	
0	ID. TIME. (DEATH	ar) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJ		
2	ID. TIME. (FINJURY	DEATH Month) (Day) (Yes	m.	while at Not while at work deceased from			953, that I last saw th
2 d	ID. TIME (F INJURY 2. I hereby	Month) (Day) (Yes	m.	while AT NOT WHILE AT WORK deceased from and that death occur	195, to	fik 1,1	on the date stated above
2 d	ID. TIME. (FINJURY	Month) (Day) (Yes	m.	while AT NOT WHILE AT WORK deceased from and that death occur		fik 1,1	

24c NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Brooklyn Md.

Cem.

(State)

ADDRESS

VS 150

Burial DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify)

2/5/1953

Wingson Consecution

BINDING

MARGIN RESERVED

Can.	-
The	
supplied.	
ully	×
E WE PLA LY, WITH UNFADING INK. Every item of information should be cally supplied. The	write the causes of death clearly and legin
INK.	lease
UNFADING	Physicians: 1
LY, WITH	important.
PLA	especially
E WR	age is

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ames Ivani DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SING E. MARRIED AGE (In years) It Under 1 Year U Under 24 Hours last birthday) Months; Days Hours Min. WED, DWORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR PLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nokoown) (If yes, give war or dates of service) 16. SOCIAL A-DDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 3 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO X 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) EDI HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK . 1953, that I last saw the 22. I hereby certify that I attended the deceased from Ass. 31 1952, to. P. m., from the causes and on the date stated above. deceased alive on tel. 2, 1953, and that death occurred at 4 23A. SIGNATURE 23c. DATE SIGNED M. O. State BURIAL, CREMA-248. DA 24C HAME OF CEMETERY OR CREMATORY DATE RECEIVED BY 25 PUNERAL DIRECTOR ADDRES! REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

The state of the s

muest viices		

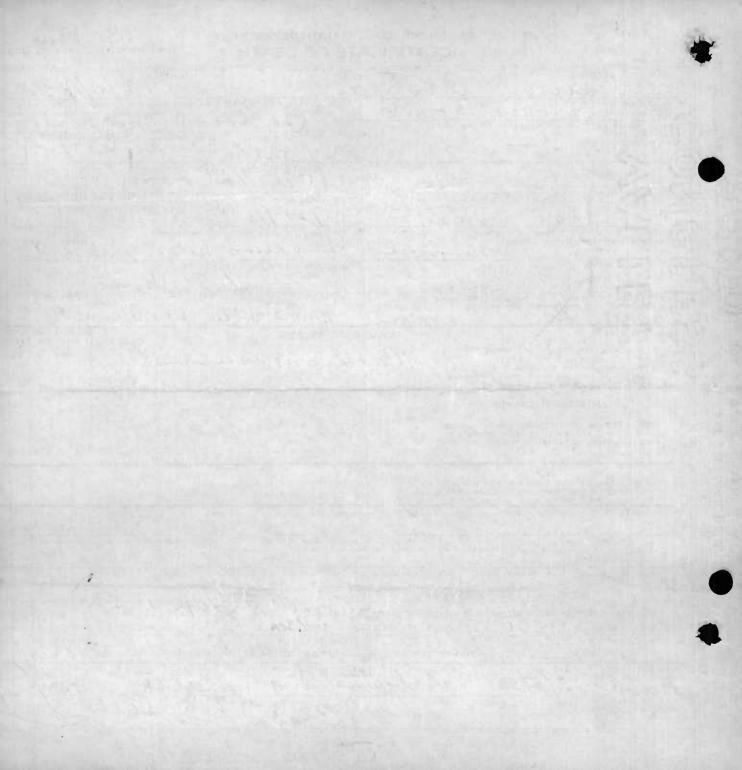
	lly supplied.
MARGIN RESERVED FOR BINDING	PLEASE WRITT PLAINLY, WITH UNFADING INK. Every item of information should be can ally supplied. correct age is especially important. Physicians: please write the causes of death clearly and legicly.
MARGIN RESER	UNFADING INK. Physicians: please
3	PLEASE WRI PLAINLY, WITH U correct age is especially important. P

	2	53	1272			ALTH DEPARTME OF DEATH	T - 1	53 1272 tered No	
百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百	1. NA	ME OF DEC	CEASED			- OF BEATT	2. DATE OF		
pplied.	3. PL A. Ba	ACE OF DEA	ty, Maryland B	alto. Ci	JACKSON ty ive street address or	A. STATE	DEATH	Feb. 3, 1953 lived. If institution: resider NTY before admi	
ally supplied.	HOSF	LL NAME OF		Matthews	location)	c. CITY OR TOWN Balt	(If outside corpor	1-01	nd give
E			y in Baltimore		Yrs. Mos. Days		St. Matther	s Street	27.31
should be car early and legal		nale	Colored	Sing:	OIVORCED (Specify)	July-24-19	46 ast birth		Min.
(DING information shouls of death clearly	work don	None ATHER'S NA	UPATION (Give kind of working life, even if retired)	10B. KIND OF	INDUSTRY	Baltimore 14. MOTHER'S MAIL		U.S.A.	
atio	13. 14	Dan	Jackson			Charlott			
orm der	15. W	AS DECEASED	EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	e Harrie	ADDRESS	10
R BINDING em of inform causes of de	No		(11)00; 8110 war of dates	0. 20. 1.00)	SECORITI NO.	Charlotte	Jackson 12	39 St Mathew	S
MARGIN RESERVED FOR I UNFADING INK, Every item Physicians: please write the cau	TIFICATION	heart failure injury or c A DISEASES RISE TO TH UNDERLYI	not mean the mode of e, asthenia, etc. It mean complication which control of the complication which control of the control of	ns the disease, aused death.) ES FANY, GIVING STATING THE ST.	(a) Supacui	te bronchitis	and		
MA UNF Physi	O EE	TRIBUTING	TO THE DEATH, BUT LEASE OR CONDITION	NOT RELATED CAUSING IT.	DINGS OF OPER	ATION		20. AUTOPS	SY?
hrt .	AL -								10
LY, WITH	0 21 0 UI	NDERLYING	AL CAUSE WAS OR CONTRIB-		OF INJURY (e. g., in ctory,street,office bldg.,e			e City, give exact location	.,
LAINLY ially imp		1D. TIME (M F INJURY	Ionth) (Day) (Year)	(Hour) 21E. I		ED 21F. HOW DID I	NJURY OCCUR?		
P P espec		the evid	th in my opinion	said Autopsy,	Inspection or I	nquiry, find that s X, accident 238. CHIEF MED	uicide [], homicid	l on the day stated a le □, undetermined □ X 23c. DATE SIGNED	ibove
PLEASE WR.	24A.	BURIAL, CR REMOVAL (Spe	EMA- 248. DATE	10-1 24c.1	NAME OF CEMETE	D. MEDICAL INVES	ICAL EXAMINER	吕 Feb. 3, 195	State)
PLEA	Bu	rial RECEIVED	BY REGISTRAR'S		Calvery	Com.	Brooklyn 1	Nd. DODRESTILL	MO.
	TD	151	H-+-+	+ 4.5,	CLAS-	Choy o'l	wason 10	TO SUSTINE	-4

If no condition is frequently an immediate complication of the other priferthe primary condition or disease wither the complication

	H	
	ully supplied.	* 4
IARGIN RESERVED FOR BINDING	PLEASE WRAFF, PLA LY, WITH UNFADING INK. Every item of information should be c	hysicians: please write the causes of death clearly and le,
ESER	INK.	lease
MARGIN	UNFADING	Physicians: p
	LY, WITH	important.
•	E PLA	pecially
	PLEASE WR	correct age is

Y	1 36.40	E OF DEATH Registered No	1273
	1. NAME OF DECEASED (Type or Print) Auce alstan	2. DATE OF DEATH 3/1	153
	3. PLACE OF DEATH: A. Baltimore City, Maryland 521 Blown PA B. FULL NAME OF (If not in hospital or institution, give street address or location) location)		before admission
	INSTITUTION Yrs.	D. STREET ADDRESS [If Maral, give location]	wnship
	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under	1 Year H Under 24 Hours
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAM COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	(2.4.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	566
	(Yes, no or unknown) (If yes give war or dates of service) SECURITY NO.	Minnie Alston 5-21 Bloom	21 87
	7000		INTERVAL BETWEEN ONSET AND DEATH
	Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
	UNDERLYING CONDITION LAST.		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hume, farm, factory, atreet, nffice bldg.,	io or 21c. WHERE DID (If in Baltimore City, give otc.) INJURY OCCUR?	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 20, 1952, and that death occur	rred at 2.30A m., from the causes and on the de	at I last saw th ate stated above
	23A. SIGNATURE Bendface M.D.	1202 N Corlect 2	CL Y HS3
	Burial 2/5/33 arbutu	erm. 240. Location (City, town, or co	mole (State)
-	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Chacles Storper AD	DRESS
	VS 150		



BALTIMORE CITY HEALTH DEPARTMENT

-	IRTH NO.	FORLORD				10	
	NAME OF D	DECEASED	RICHARD	H. BAKE	TR .	2. DATE OF DEATH	Feb. 2, 1953
	Baltimore	EATH: City, Maryland			A. STATE	B. COL	l lived. If institution : residen JNTY before admi
H	FULL NAME OSPITAL OR	OF 'f not in hosp	ital or institution,	give street address location			rate limits, write RURAL an
7	NSTITUTION	South	Baltimore (General Ho	sp. Balti		15 0 0 0 www
1	3			Yr: Mo	8.		
-	Length of s	tay in Baltimore	LIFE E 7. SINGLE, M.		8. DATE OF BIRTH	Warwick Ave	
_				DIVORCED (Spec	ify)	last birth	iday) Months Days Hours
C	Male	Colored CUPATION (Givekind	of 10s. KIND OF	BUSINESS OR	5/20/1890 11. BIRTHPLACE (Sta	te or foreign country	
r	LABORE	of working life, even if retire R		TER	BALTIMORE	. MD.	WHAT COUN
13	FATHER'S		, 00111		14. MOTHER'S MAID		1000
		TOPRHER	BAKER		LAURA YUI	E	
Ye	5. WAS DECEAS 16, no or unknown)	ED EVER IN U.S. ARM (If yes, give war or da	tes of service)	SECURITY NO	17. INFORMANT		ADDRESS
_	YES	TAT THE					
	(This doe heart faile	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which	I DIRECTLY ATH of dying, e.g., eans the disease,	(A) Bron	e Of DEATH chopneumonia an ardial insuffic	d	I. FRANKIIN ST
NO.	DISEASE	SE OR CONDITION LEADING TO DE s not mean the mode ure, asthenia, etc. It m	I DIRECTLY ATH of dying. e.g., eans the disease, caused death.) JSES IF ANY, GIVING () STATING THE	CAUS	e Of DEATH chopneumonia an ardial insuffic	d	INTERVAL BET
FICA	DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION (I) GIGNIFICANT CONIG	of DIRECTLY ATH of dying, e.g., eans the disease, caused death.) JSES IF ANY, GIVING () STATING THE LAST. DITIONS CON-	(A) Bron	e Of DEATH chopneumonia an ardial insuffic	d	INTERVAL BET ONSET AND I
	DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION III SIGNIFICANT CONI TO THE DEATH, BU ISEASE OR CONDITION	of DIRECTLY ATH of dying, e.g., eans the disease, caused death.) JSES IF ANY, GIVING () STATING THE LAST. DITIONS CON-	CAUSI (A) Bron DUE TO Myoc due (B) DUE TO (C)	e Of DEATH chopneumonia an ardial insuffic to Arterioscler	d	INTERVAL BET ONSET AND I
L CERTIFICA	DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION (I) GIGNIFICANT CONIG	of dying, e.g., eans the disease, caused death.) JSES IF ANY, GIVING STATING THE LAST. DITIONS CON- T NOT RELATED IN CAUSING IT.	CAUSI (A) Bron DUE TO Myoc due (B) DUE TO (C)	e Of DEATH chopneumonia an ardial insuffic to Arterioscler	d iency otic cardio	vascular diseas
EDICAL CERTIFICA	DISEASE RISE TO UNDERL OTHER S TRIBUTING TO THE D 19A. DATE C	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION III SIGNIFICANT CONI TO THE DEATH, BU ISEASE OR CONDITION	J DIRECTLY ATH of dying, e.g., eans the disease, caused death.) JSES IF ANY, GIVING () STATING THE LAST. DITIONS CON- T NOT RELATED IN CAUSING IT. 19B. MAJOR FIN 21B. PLACE about bome, farm, f	CAUSI (A) Bron DUE TO Myoc due (B) DUE TO (C)	chopneumonia an ardial insufficto Arterioscler	d iency otic cardio	ovascular diseas
EDICAL CERTIFICA	OTHER STRIBUTION TO THE CONTROL OF T	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION S TO THE DEATH, BU SEASE OR CONDITION OF OPERATION NAL CAUSE WAS G OR CONTRIB	I DIRECTLY ATH of dying, e. g., eans the disease, caused death.) JSES IF ANY, GIVING STATING THE LAST. DITIONS CON- T NOT RELATED DIT CAUSING IT. 19B. MAJOR FIN 21B. PLACE about bome, farm, f	CAUSI (A) Bron DUE TO MYOC (B) COMMON COM	eration ERA	d iency otic cardio	vascular diseas
MEDICAL CERTIFICATION	OTHER STRIBUTION TO THE DISEASE RISE TO UNDERLY IN UNDERLY IN UTING 1210. TIME OF INJURY 22. I ccrtithe ev	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION TO THE DEATH, BU SEASE OR CONDITION OF OPERATION OF OPERATION NAL CAUSE WAS G OR CONTRIB CAUSE OF DEATH (Month) (Day) (Yea fy that I took che idence obtained by	DIRECTLY ATH of dying. e. g., eans the disease, caused death.) JSES IF ANY, GIVING STATING THE LAST. DITIONS CON- T NOT RELATED ON CAUSING IT. 19B. MAJOR FIN 21B. PLACE about bome, farm, f. H. WHILE T.) (Hour) 21E. WHILE WOR TARGET OF THE WOR TO THE CONTROL OF THE THE	CAUSI (A) Bron DUE TO MYOC (B) DUE TO (C) OF INJURY (e. a factory, street, office bld INJURY OCCUP E AT NOT WHIRK AT WOR vains described (Inspection of	chopneumonia an ardial insuffic to Arterioscler ERATION C., in or S., etc.) INJURY OCCUR? RRED 21F. HOW DID IN Autor Inquiry, find that see	d iency otic cardio (If in Baltimor NJURY OCCUR? pection & i opsy, Inspection or uid deceased dies	PVESCULAR diseas 20. AUTOPS YES Note that we consider the constant of t

151

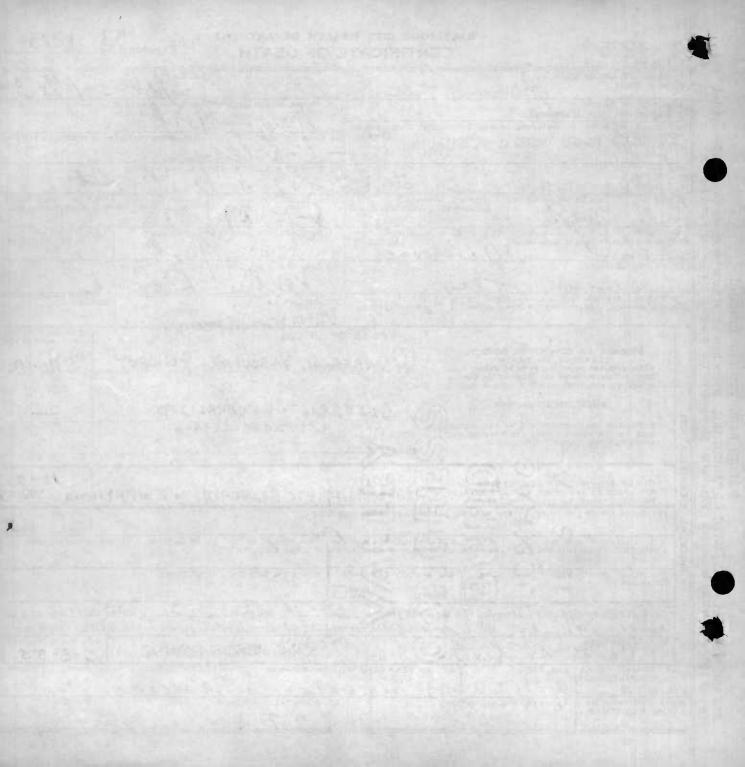
LOCAL REGISTRAR

Tuntington

MARGIN RESERVED FOR BINDING

97056

AND THE SECTION OF TH where selection that it, day, termine THE STREET STREET, THE PARTY OF THE PARTY OF



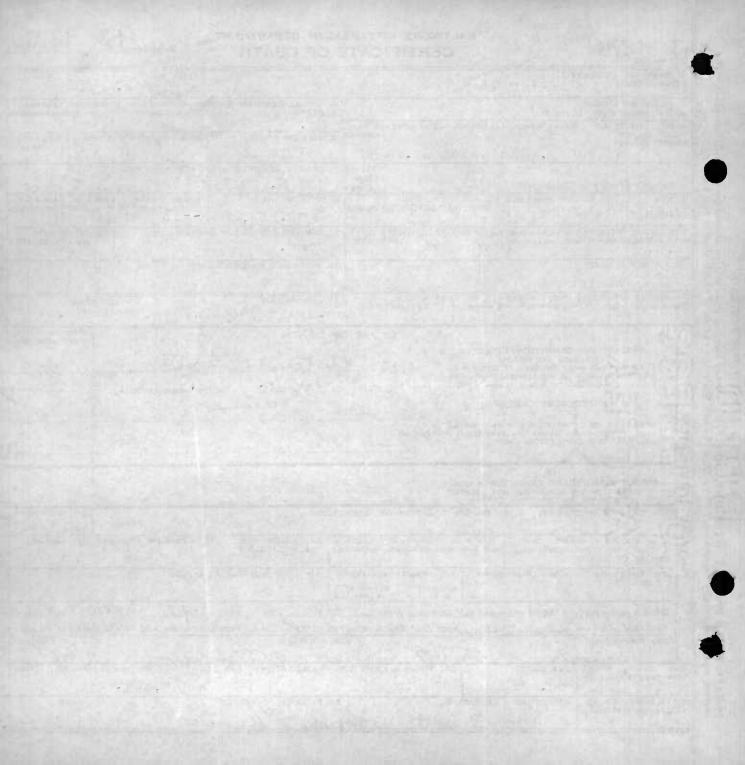
5	2	-()
)3 BIRTH	N	2	76
4 NIAN		0.5	DEC

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1276

ğ	В	IRTH NO.	<u> </u>	CERTII ICATI	E OF BEATH		
ed. J	1. (T	NAME OF D		Young		OF Peb.	3/53
ully supplied	В,	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE (WA. STATE		
ully :	HOSPITAL OR INSTITUTION 434 S. Smallwood St.				Baltimore	outside corrected linit.	write RURAL and give township)
leg			tay in Baltimore	Yrs. Mos. Days	o. street address (If a 434 S. Small)	wood at	
should be	I	emale	White	7. SINGLE, MARRIED, WWDOWED, DIVORCED (Specify)	Sept. 19,186	9. AGE (In years If Un last hirthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.
on she	#QL]	k done during most	CUPATION (Give kind of of working life, even if retired)	Own Home INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
information shous of death clearly	_	FATHER'S N	lliams		14. MOTHER'S MAIDEN NA Unknown	ME	
of info	15 (Ye	5. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or date	D FORCES? 16. SOCIAL sof service) SECURITY NO.	17. INFORMANT eo. Young, 434	s. Smallwood	RESS
Every item write the cau	7	(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode o not mean the mode o re, asthenia, etc. It mea complication which c	DIRECTLY TH of dying, e.g., (A) ns the disease, aused death.) DUE TO	OF DEATH Outer sele outer die	sto	INTERVAL BETWEEN ONSET AND DEATH
DING INK.	RTIFICATION	RISE TO T	S OR CONDITIONS, IF HE ABOVE CAUSE (A) (ING CONDITION LA	STATING THE DUE TO			
UNFADING Physicians: 1	CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED			
н	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					YES NO 2
LY, WITH	MEDI	CAUSE OF		21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	INJURY OCCUR?	f in Baltimore City, giv	c exact location)
III		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK					
TE PL especia		22. I hereby certify that I attended the deceased from 1 2 32, 19, to 3, 1923, that I last saw the deceased alive on 2/2, 19/5 and that death occurred at 2/2, m., from the causes and on the date stated above.					
age	20	23A. SIGNA 4A. BURIAL.	inquis M	LETA LIAQ M.D.	38. ADDRESS OF OR CREMATORY 24D. LC	aur	23c. DATE SIGNED 2683 county) (State)
PLEASE correct a	Bu	on REMOVAL (S Urial	Peb.6/5	3 Western	Balt	imore, Md.	
PL	4	ATE RECEIVE	RAR REGISTRAR	S SIGNATURE	28. FUNERAL DIRECTOR	LATOT TOUR	DDRESS



N808.0

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

1277

he	В	IRTH NO.		C	ERTIFICAT	E OF DEATH	negistereu	140.
FL		NAME OF D	ECEASED				2. DATE	
d.	(T	Type or Print)	Georg	e B. M	oore		OF DEATH Fet	4 1953
supplied		PLACE OF D	EATH:	30 20 212	0010	4. USUAL RESIDENCE	(Where deceased lived.	If institution: residence
ddı			City, Maryland			A. STATE	B. COUNTY	before admission)
	B.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution	, give street address o location	Md.	- Coff	ALL
ully y.	IN	ISTITUTION	F7 6 5 7		10000000	C. CITT OR TOWN	(If outside cornorate lim	its, write RURAL and give township)
n y			516 Overda	ale Rd.		Balto.	FV	
	0	0			Yrs. Mos.	o. STREET ADDRESS		
le			tay in Baltimore	89 Yrs	• Days			
l be	5.	SEX	6. COLOR OR RACE	7. SINGLE, !	MARRIED. O, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	if Under 1 Year it Under 24 Hours Ionths; Days Hours Min.
uld y a		M.	W.	60.00	rried	Sept.8,1863	89	Days Hours Min.
on should be	10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND 0	F BUSINESS OR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF
n s	11 012		esident	Monre	CO. Book	Pa.		WHAT COUNTRY?
tio	13	FATHER'S			inders	14. MOTHER'S MAIDEN	NAME	
information s of death cl		0.00	rea Maara		7110.07.0			
or	1.5		rge Moore	FORCES 1 .	6. SOCIAL	Harriet T		
info	(Yo	s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date)	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
of	_					Nellie L.Moo:	re,516 Over	dale Rd.
em of causes		18. 592	· x and	F 903	O CAUSE	OF DEATH		INTERVAL BETWEEN
y item		DISEAS	E OR CONDITION	DIRECTLY	0. 1	In	4 .	ONSET AND DEATH
th		(This does	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea	H f dying, e.g.,	· weer	3 My ocarde	5	Joseph.
Every write th		heart failu	re, asthenia, etc. It mea complication which c	ns the disease,	OUE TO		***************************************	***************************************
WF					00210	0	. 1.	
Se Se	_		ANTECEDENT CAUS	ES	Okron	is slonemul	i resentis	Sycam
INK. please	ō	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)			
7	F	UNDERLY	HE ABOVE CAUSE (A)	STATING THE	DUE TO	Il Contra	DOUDO	24km
N.	C				(C)	menuz	3-2-112	
Dia!	IF!		- 11				EBITEICVITOR VA	SBUYED BA
UNFADING Physicians:	RTI	OTHER S	IGNIFICANT CONDI	TIONS CON-	a la	1	XXXX D	, _
N. C.	CE	TRIBUTING	TO THE OEATH, BUT	CAUSING IT.	arten	vicens	Miraso	W MO
1	,			The second second second	INDINGS OF OPE	RATION	CHIEF OR ASST. MEDICA	FYAMIZO AUTOPSY?
it i	Ā		-				Attiči by Hoot: Michiga	YES NO
LY, WITI	EDIC.	21A. ACCID	ENT WAS UNDER-	218. PLACE	OF INJURY (e. g.,	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
r,	日	CAUSE OF	CONTRIBUTING DEATH	about home, rarm	, factory, street, office bldg.	INJURY OCCUR?	Ferdale	PI
SE	Σ	210. TIME (Month) (Day) (Year)	(Hour) 21	INJURY OCCURE	ED 21F. HOW DID INJU		·Cac
No.		OF INJURY	12000		LE AT NOT WHILE		1- 10	
PLA ecial			10001				20 700	
P 000		22. I hercb	y certify that I att	ended the de	ceased from Vu	194710_	Jer - 7 , 19	S, that I last saw the
TE			ive on Jet. 4	, 19 <u>0</u> 3. an	d that death occu	rred at P In., from	the causes and on	the date stated above.
13		23A. SIGNA	FURE AND T	1		23B. ADDRESS	200	23c. DATE SIGNED
Se M		WW	חד מטנה	1	м. D.	1118 H. Laul	01-	45/53
age age	24 TIC	AA. BURIAL, CON, REMOVAL (S	REMA- 248. DATE		. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, tow	n, or county) (State)
As		Buria	1 Feb.7,1	953	Loudon Pa	rk	Balto. Md.	
PLEASE sorrect a		ATE RECEIVE		SIGNATURE		25. FUNERAL DIRECTO		ADDRESS
A S	E., C	DCAL REGIST		the le	CELLA- NOT	man Illist	#101 Edmon	dson Ave.
	=	VS 150	053 Umalam	7		and a county		
- 1		V3 130		M				

	100	
	Ξ	
	0	les
	90	7
	_	Ľ,
	ıld	2
	0	÷
	Sh	ar
	d	le
	.0	0
	tr tr	43
C	H	ea
Z	TC	7
O	J.F.	of.
Ξ	-12	80
3	Jo	Se
-	-	n
2	en	20
0	i.	e
1	>	4
A	er	0
国	5	ī
2	1	A
MARGIN RESERVED FOR BINDING	. :	a
52	X	SE
国	K	le
M	- ht	0
Z	2	**
		n
8	9	13
A	A	Sic
×	B	N
_	5	집
	Ξ.	
	H	ئد
		II
	3	the
		100
	M	nr
	IY, WITH UNFADING INK. Every item of information should be could	ï

PLEASE W correct age

(T;	NAME OF DECE	EASED Maria	Grai	ıbner		2. DATE OF DEATH Feb.	3
A.	PLACE OF DEAT Baltimore City	тн: y, Maryland		ion, give street address or	4. USUAL RESIDENCE (W.		nst
HO	SPITAL OR NU	rsing Homo 00 Harfor	е	location)		outside corporate limits	. 6
	Length of stay	in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If r 1710 John St	ural, give ocation)	
	Female			E. MARRIED, (ED, DIVORCED (Specify)	Jan. 11,1873	9. AGE (In years last birthday) Mon	Under n the
work	H. W.	PATION (Give kind of brking life, even if retired)	10B, KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Bavaria	reign country)	12.
	. father's NAM	rdt			14. MOTHER'S MAIDEN NA Unimown	ME	
15. (Yes	, no or unknown) (EVER IN U.S. ARMED (If yes, give wer or dates	FORCES7 of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Jane Hough		DR
ICATION	(This does not heart failure, sinjury or con AN DISEASES OF RISE TO THE	OR CONDITION E EADING TO DEAT t mean the mode of asthenia, etc. It mean nplication which es TECEDENT CAUSE R CONDITIONS, IF ABOVE CAUSE (A)	H dying, e. g s the diseas sused death ANY, GIVIN STATING TH	(B) Class	of DEATH Blbridge	ge, Md.	
CERTIFIC	TRIBUTING TO THE CEATH, BUT NOT RELATED						
EDICAL	21A. ACCIDENT	T WAS UNDER- ONTRIBUTING	21B. PLA	FINDINGS OF OPER ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, gi	ive
Σ		nth) (Day) (Year)		21E. INJURY OCCURRI		OCCUR?	

, 1952, to Lab. 22. I hereby certify that I attended the deceased from L. _, 1953, that I last saw the deccased alive on

1278

If Under 24 Hours Days Hours: Min.

CITIZEN OF WHAT COUNTRY?

20. AUTOPSY YES

exact location)

ADDRESS

NO &

ESS Rd. INTERVAL BETWEEN ONSET AND DEATH Eur

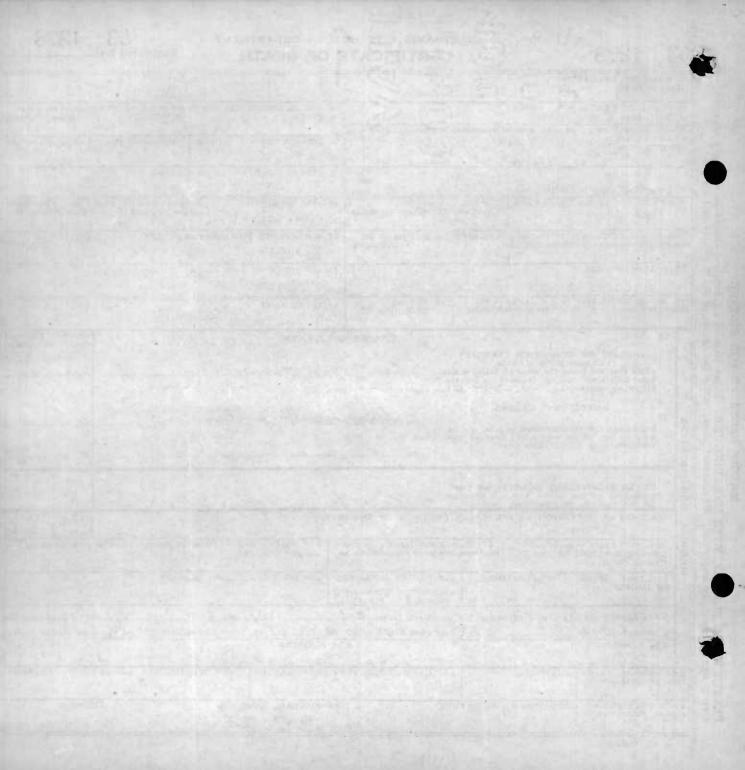
53 itution : residence before admission) teRURAL and give township)

1953, and that death occurred at . . o. f. m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

7/53 Loudon Park Baltimore, Md. Peb. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FUNERAL DIRECTOR

LOCAL REGISTRAR 4101 Edmondson VS 150



IY, WITH

RE PLA Y, WITH especially important.

PLEASE W

VS 150

A	38RTH NO.
ed. 7	1. NAME OF (Type or Prin
supplied	a. Baltimor
lly su	B. FULL NAI HOSPITAL C INSTITUTIO
2	
be c. nd leg.	c. Length of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1279

5	RTH NO.	0		OLIVIII ICAT	L OI DEATH		
1.	NAME OF D 'ype or Print)	ECEASED	1112	rui Alle		2. DATE OF DEATH	13/53
3. A.	PLACE OF D Baltimore (EATH: City, Maryland	7	and agrae	4. USUAL RESIDENC		l. If institution: residence before admission
В.	FULL NAME OSPITAL OR ISTITUTION		tal or institu	tion, give street address or location		party	imits, write RURAL and giv
-		5-19 M. K	Palla	e st	Baltimoe		township
C	Length of s	tay in Baltimore	40	Yrs. Mos. Days	15/9 %. A	(If rural, give location	
5	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KINI	D OF BUSINESS OR	1) BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
10	Labore			INDUSTRY	La.		WHAT COUNTRY
13	FATHER'S	NAME	00		14. MOTHER'S MAIDE	N NAME	
15	SULLA DECEASE	ney al	len		Caroline	need	
(Ye	s, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	os of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	600 -	ADDRESS
-	18. 455	V		CALIEE	OF DEATH	illero 131.	IINTERVAL BETWEEN
	T~ -	SE OR CONDITION	DIRECTLY		OF BEATH	A A A	ONSET AND DEATH
	(This does	LEADING TO DEA	TH of dying, e.	g. (A) Mu	-grent o	I I. lea	6 200
	heart failu injury or	re, asthenia, etc. It mes complication which	ns the diseas caused deatl	se, h.) DUE TO	V		
	A. Call	ANTECEDENT CAUS	SES	121		1 1 2	~ ^
NO	DISEASES	S OR CONDITIONS, I	F ANY, GIVII	(B)	nonto		Janys
ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING T				
FIC			H NO.	(C)	• • • • • • • • • • • • • • • • • • • •		
RTI	OTHER S	IGNIFICANT COND	TIONS CO	N •			
CE	TO THE D	TO THE DEATH, BUT	CAUSING	IT			
4	19a. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA		ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore Cit	y, give exact location)
AEC.	CAUSE OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.	etc.) INJURY OCCUR?		
-	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		JURY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
				deceased from			53 that I last saw th
	deceased at	live on 19-15-3	1900		rred at Yi IDIT m., fro	om the eauses and or	n the date stated above
		2. W. M.	Ha	mel M.D.	207 n. C	a olini S	L 1-5-53
2	4A. BURIAL. (S	CREMA. 24B. DATE	100	24c. NAME OF CEMETE	ERY OR CREMATORY 24	D. LOCATION (City, to	wn, or county) (State)
1	Durial	tet. 61	153	mr. Cal	rang lem	U.U. Cou	
11 5	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	JRE	25. FUNERAL DIRECT	OR AAA	RODRESS

VS 150

-	2	3	0	
53 BIR	TH	12	280	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 58 1280

	e OF DECEASED Print)	TIE VEST	2. DATE OF	hmiany 4, 1953
A. Balt	imore City, Maryland NAME OF (If not in hospit	al or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased liver A. STATE B. COUNTY	d. If institution : residence
	rth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location	.)
5. SEX		WIDOWED, DIVORCED (Specify)	February 24, 1876 76	Months Days Hours Min.
work done o	uring most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	North Carolina	12. CITIZEN OF WHAT COUNTRY?
	HER'S NAME	Black	14. MOTHER'S MAIDEN NAME	
(Yes, no o	DECEASED EVER IN U. S. ARMEI nnknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Pessie Perry, 1735 W. Mont	ADDRESS
NOITY NOITY	eb - Dr. Month			
2				
111 7	THER SIGNIFICANT CONDI RIBUTING TO THE DEATH, BUT O THE DISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.	acheria	Sar. mak
U 19A	THER SIGNIFICANT CONDI RIBUTING TO THE DEATH, BUT O THE DISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.		Sar. mate
19A 19A	THER SIGNIFICANT CONDI RIBUTING TO THE DEATH, BUT O THE DISEASE OR CONDITION	CAUSING IT.	RATION in or 21c. WHERE DID (If in Baltimore Ci	
19A 19A 21/2 CA 21D CAA 21D	THER SIGNIFICANT CONDI RIBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION DATE OF OPERATION 1 ACCIDENT WAS UNDER-	9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	ED 21F. HOW DID INJURY OCCUR?	YES NO

CAUSE OF HEATH TO STREET

TE PLA Y, WITH especially important.

PLEASE W

VS 150

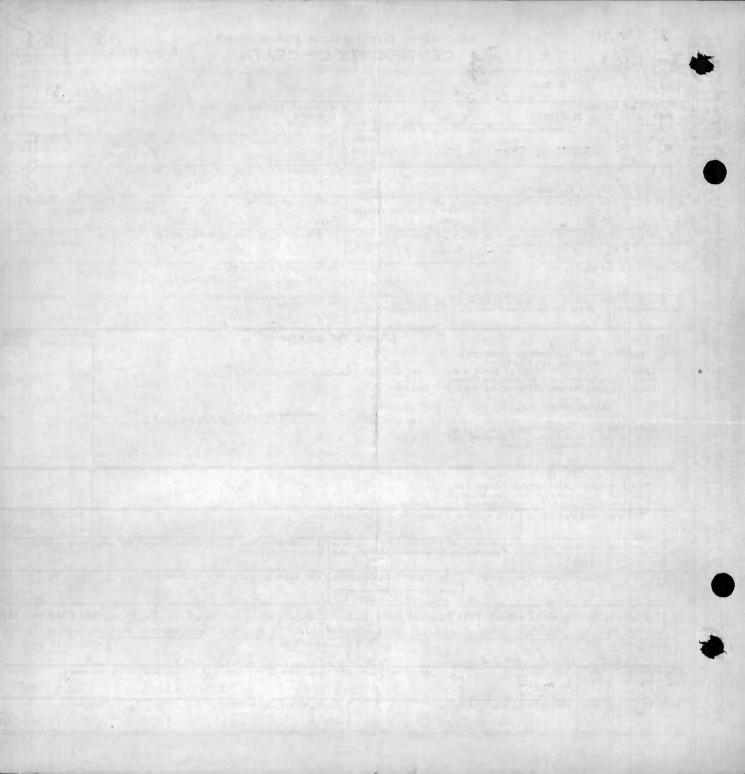
ully supplied. The

#-	6	0	0
Da3a	TH N	12	81

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1281

BURTH NOCO 1.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF T-1
Emma E. Grey	DEATH February 4, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	11 37 6 6
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits write RURAL and give
2327 N. Charles Street	Raltimore township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos.	1759 Darley Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
female Widowed, Divorced (Specify)	June 25, 1864 88 Months Days Hours Min.
female white Widowed 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	Baltimore, Maryland WHAT COUNTRY
housewife own home	
	14. MOTHER'S MAIDEN NAME
Henry Clay Fowler	Mary Jane Ely
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(SECORITY NO.	Reuben L. Grey, 2616 Roselawn Avenue
18. 450.0 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	in Fail and
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ac vouce
Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	leged arleasosclesous
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) (C)	
OTHER SIGNIFICANT CONDITIONS CON.	× 1.1
TRIBUTING TO THE DEATH, BUT NOT RELATED	Morphetin
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?,
1 198. BATE OF OPERATION 198. MAJOR PHABINGS OF OPER	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., etc.	
LYING OR CONTRIBUTING about home, farm, factory, street, office blds.,	otc.) INJURY OCCUR?
Z CASSE OF BEATH	ED 21F, HOW DID INJURY OCCUR?
OF INJURY	
m. WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from 4/1	7/50 , 19 , to 2/4/53 , 19 , that I last saw the
deceased alive on 2/4, 1953, and that death occur	red at 11:45P m., from the causes and on the date stated above.
	38. ADDRESS / 23c. DATE/SIGNED
+ telled & Burn M.D. 1	21016. North are. 2/5/53
24a BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burial 2/7/5 Center Cemeter	ry Forest Hill. Maryland
DATE DECEIVED BY A DECICEDADIS CICNATURE	25, FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	1 1 0
EER 5 1953/17. 6 15 7/14/1. 17 1. 0	1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT

he	BI	IRTH NO.			CERTIFICAT	E OF DEATH	Regist	ered No.	
d.	1.	NAME OF D Type or Print)		RBERT N	VOLL KLANK		2. DATE OF	February 4	1953
supplied	A.		EATH: City, Maryland			A. STATE	ICE (Where deccased I	ived. If institution	n: residence fore admission)
fully suly.	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 2733 N. Calvert Street				Maryland c. CITY OR TOWN Baltimore	(1f outside corpora	limite, wite Ri	UKAL and give township)	
es o	c.	Length of s	tay in Baltimore		Yrs. Mos. Days	2022 11 0.	s (If rural, give local	,	
uld be		nale	6. COLOR OR RACE	MIDOA	E. MARRIED, VED, DIVORCED (Specify 10d	June 26, 189	9. AGE (In y last birthd	ears Under 1 Year ay) Months Days	B Hours Min.
clearl.	MOLE	k done during most o	CUPATION (Give kind of f working life, even i (retired) — LIECT IC	_	Self Employed	Baltimore,	,	12. CITI WHA	ZEN OF AT COUNTRY?
information should be s of death clearly and	13	3. FATHER'S N	Conrad Kl	ank	(hu)	14. MOTHER'S MAIE Elizabeth			
f info	15 (Yes	MAS DECEASE , no or unknown)	D EVER IN U. S. ARMED (If yes, give wer or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Grace W.	. Klank, 2733	ADDRESS N. Calve	rt St.
K. Every item of i	7	(This does heart failu injury or	EE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which of	f dying, e.s f dying, e.s ns the discas aused death	g., (A)	of DEATH	tis		T AND DEATH
JING INK.	FICATION	RISE TO T	OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	STATING TI		rone -			
UNFADING Physicians:	CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED 11				
	A L	19a. DATE 0	FOPERATION () 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. YES	AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, ferm, factory, street, office bidg., etc.) INJURY OCCUR?						City, give exact	location)		
		21b. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		NJURY OCCUR?		
TE PL especiall			ive on Feb. 4.		deceased from and that death occu	rred at 7 454 m., f		d on the date s	
PLEASE W		AA. BURIAL, CON, REMOVAL (S			Loudon Park	RY OR CREMATORY	Baltimore,		(State)
PLE		ATE RECEIVED		s signati	IRE IND REPA	25. FUNERAL DIRECT		St. Paul	
		VS 150	O		4900	4			

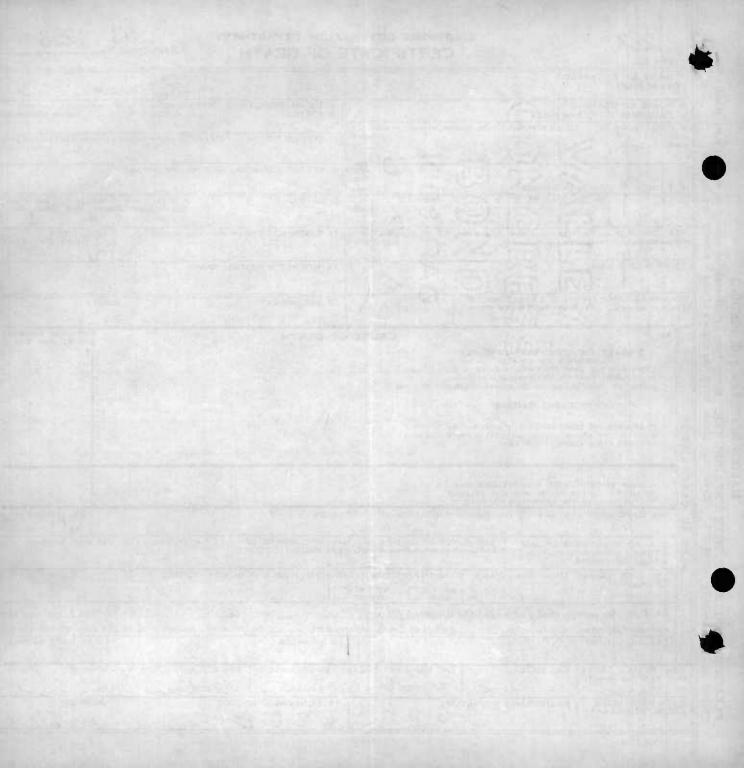
M-600
BIRTH NO.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S3 1283
Registered No. 1283

A	BIRTH NO.	
	1. NAME OF DECEASED (Type or Print) ALBERT HAVEN MO	WRY DEATH February 3,1953
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in titution: residence ACSTATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write KORA), are give
	1805 Norwood Avenue	Baltimore La Commship)
	7 5 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
1	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours
	Male White Mayyied (Specify)	October 22, 1870 last birthday) Months Days Hours Min.
1	work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Albert H. Mowya	Emma Manigault
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
-	18. 1 0.0 1 CAUSE O	175, Mary - Monry , 4805 Norwoodffre,
	DISEASE OR CONDITION DIRECTLY	F DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Yondry Ucclusion / hour
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES Ayterios	cleratic cardiovascular disease 10 years
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1996
	UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
	OTHER SIGNIFICANT CONDITIONS CON-	
	TO THE DISEASE OR CONDITION CAUSING IT.	TION 20. AUTOPSY? /
1	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in c. bout home, farm, factory, street, office bldg., etc	YES NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
-	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from No	,,,
	deceased alive on 18 4, 195 % and that death occurr	
	millory 1 Trakony h M.D. 34	wo Wood bine fe Batt, 7, Md, 2/3/53
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER	Y OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	sendery Woodlawn Waryland
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS

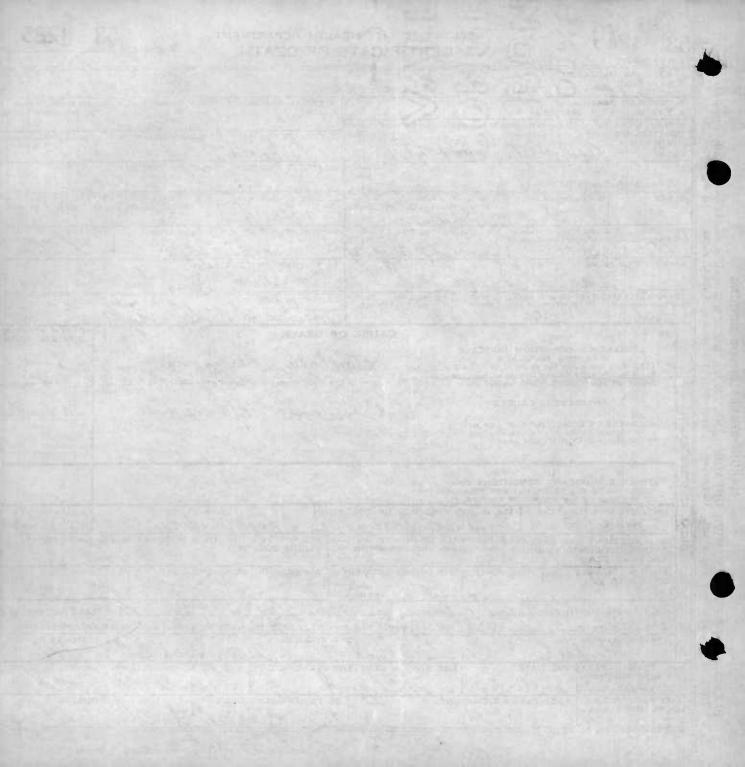


1	26	, 5 -	/ 2//		EALTH DEPARTMEN E OF DEATH	T 53 Registered N	1284
1. (T	NAME OF D Type or Print)		A MAY AC	KERMAN	Ell (Ze) Tippe	2. DATE OF DEATH Febra	uary 4, 1953
A.	PLACE OF D Baltimore (City, Maryland	al or institution	give street address or	A. STATE	(Where deceased lived. If i	nstitution : residence before admission
H	OSPITAL OR ISTITUTION	1404 N. Ell		iocation)		(If outside concorate limits	, vrite RURAL and gi- township
1	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	ood Avenue	
3,	female	white	7. SINGLE. N WIDOWED MATT	DIVORCED (Specify)	June 27, 1876	last birthday) Mor	under 1 Year of Under 24 Hours of Min
1C wor	housewi	CUPATION (Give kied of f working life, even if retired)	own hom	F BUSINESS OR INDUSTRY	Baltimore, Ma		12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S N	William I	Holland		14. MOTHER'S MAIDEN	NAME	
15 (Ye	5. WAS DECEASE 18. no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES? I	6. SOCIAL SECURITY NO.	Christian W. C.	Ackerman, 140	DDRESS 4 N. Fllwood
RTIFICATION	(This does heart failure injury or DISEASES RISE TO TO	EE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	'H f dying, e.g., ns the disease, aused death.) ES FANY, GIVING STATING THE	(A) Con	mary Occlinates Heart		INTERVAL BETWEE ONSET AND DEAT LAMBER AND DEAT
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
CAL		0		INDINGS OF OPER		(Te in Pala)	20. AUTOPSY?
0	21A. ACCID	ENT WAS UNDER-			n or 2 IC. WHERE DID	(If in Baitimore City, g	ive exact location)

E PLA Y, WITH CAUSE OF DEATH 21E. INJURY OCCURRED 2 IF, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE m. WORK AT WORK 19 50to 1953, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. PATE SIGNED PLEASE Wr correct age h 24A. BURIAL, GREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24B. DATE Woodlawn, 17/53 Lorraine Cemetery Maryland DATE RECEIVED BY LOCAL REGISTRAR ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

St. Paul Street

unting



1	5	6
6	00	
1 BIRTI	L NO	O

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	1286
Registered No	ILUU

BIRT	H NO.						
(Туре	AME OF DE	Ma	rgaret	Kraemer		2. DATE OF DEATH	Teb.4th., 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDEN	ICE (Where deceased lived, B. COUNTY C1 ty	. If institution: residence before admission)
HOSPITAL OR 1002 E.Lanvale Street location)					c. CITY OR TOWN Baltimore	(If outside corporate li	write RURAL and give township)
c. Length of stay in Baltimore Life Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 2033 E, Lanvale Street		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widowed					9-6-1862	9. AGE (In years last birthday)	Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home					11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF U.S.A.		
Unknown (Eagers)					(Unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or detec of service) None 16. SOCIAL SECURITY NO. None					Mrs. Trene Kraemer-2033 E. Lanvale Street		
RTIFICATION	heart failurinjury or DISEASES RISE TO TI	LEADING TO DEA, not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, 1 HE ABOVE CAUSE (A) ING CONDITION LA	of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING TH	e,) DUE TO (B)		s Cardiovaso	ular 1 yr.
8	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
\ <u>\</u>	19a. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPER						20. AUTOPSY?
5 _	YING OF		about home,	ACE OF INJURY (e. g., in form, factory, at reet, office bldg., c	n or 21c. WHERE DII		y, give exact location)
2	1D. TIME (F INJURY	Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID I	NJURY OCCUR?	
d d	2. I hereby	y certify that I att	ended the	deceased from Ja and that death occur	n. 23 , 19 53 red at 10:05AN	to Feb. 4, 19 from the causes and or	53, that I last saw then the date stated above.
	3a. SIGNAT	Clarence	W. 7	Mous M. D.	3023 Eas	tern Ave.	23c. DATE SIGNED 2/4/53
TION.	REMOVAL (S Burial	REMA- 248. DATE pecify; 2- 7 -]		Loudon Park C	RY OR CREMATORY	24b. LOCATION (City, to Frederick Rd. I	
	RECEIVER		S SIGNATI	1/3 (Q Q -	25. FUNERAL DIRECT . Huth	Inc1735 Hari	ADDRESS ford Avenue
1	vs 150	953	0-	0 0			

The Desire of the Control of the Con MACO (CL. 1999) - CAN DELL'AND CONTRACTOR OF THE STARS ... eva phennade Cara

BWPF

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City

25. FUNERAL DIRECTOR

PLEASE correct ag

24A. BURIAL, CREMA-

TION REMOVAL (Spegify)

LOCAL REGISTRAR

VS 150 100

Duria DATE RECEIVED BY See letter in Document file from Dr. H. C. Jo nston Acat Supt., Medical CH

and the state of

ally supplied.

y item

UNFADING Physicians: 1

important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1288

Registered No I. NAME OF DECEASED 2. DATE (Type or Print) Feb.3/53 Anna May Warfield OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 100 W.Chase St. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 100 W.Chase St. C. CITY OR TOWN (If outside corporate limits write WoRAL and give township) Balto. Md. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Life 100 W.Chase St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Balto.Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard H. Rainev Anna Law 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs.Geo. Harrison, 743 E.36th.St. none 18.42011 NTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OHE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Jan 1940, 19, to 34 10, 183, that I last saw the 23A. SIGNATURE 238. ADDRESS

PLEASE W

deceased alive on 74. 1953, and that death occurred at 101. m., from the causes and on the date stated above, 23c. DATE SIGNED A . othans 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY

Intombment Feb. 6 Lorraine Park DATE RECEIVED BY

Balto. Md.

ADDRESS

REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR HOM 2024 Orleans St 31

VS 150

ADTA

THE PERSON NAMED IN COLUMN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE OF Feb. 3, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 9 Fusting Ave. If Under 1 Year 9. AGE (In years last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME Elizabeth Sohan ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 1953 to 2 - 3 , 195 3 that I last saw the 15 3, and that death occurred at 3:15 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LØCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

VS 150

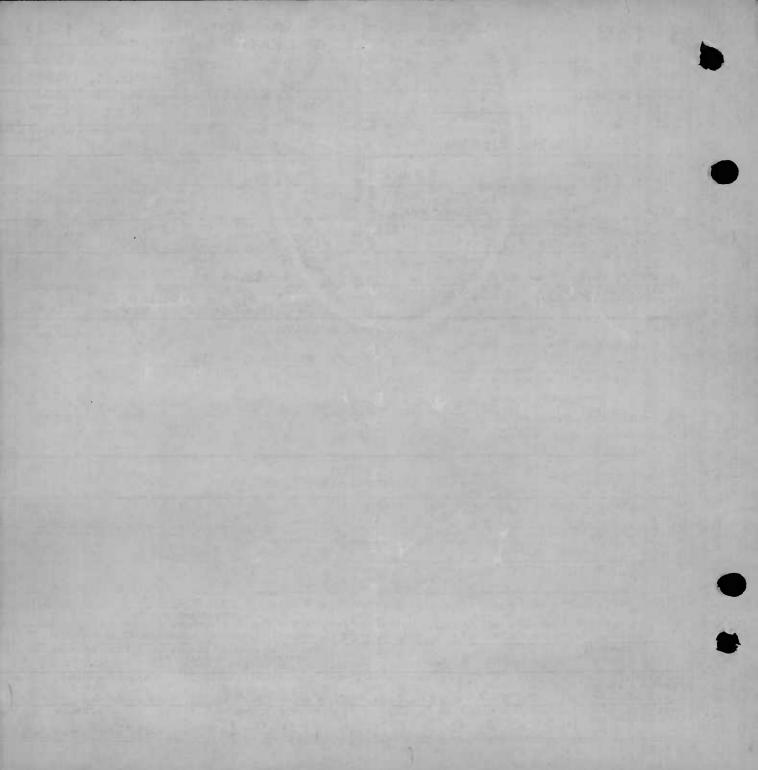
Layle . . .

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. & ware DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Wade. AUR . Days on should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years | 1 Under 1 Year | 1 Under 24 Hours | Months; Days | Hours | Min. 10A. USUAL OCCUPATION (Giye kind of 108, KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF work done during most of working life, even fretired) WHAT COUNTRY? information Machines death 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or detes of service) Jo SECURITY NO (Yes, no or unknown) ses can 18. 420. INTERVAL DETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY PLA pecially NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from_ 192 to_ . 195 3that I last saw the and that death occurred at 633 deceased alive on 19_5 m., from the causes and on the date stated above. 23A. SIGNATURE 238, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 248, DATE 245. LOCATION (City, town, or county) (State) DATE RECEIVED BY LOCAL REGISTRAR VS 150

Kr p Led

		CERTIF	CITY HEALTH DEPARTMENT	Registered No. 1291
ed. The	1. (T	NAME OF DECEASED arah	nyder	DATE OF TEL - 5-1 953
y supplied	B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If net in hospital or institution, give street DSPITAL OR	t address or	e deceased lived. If institution: residence B. COUNTY before admission) side corporate limits, write RURAL and give
		JOHNS HOPKINS HOSPITAL	Yrs. D. STREET ADDRESS II fruit	wnship)
uld be ca	0	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARKED, WIDOWED, DIVORCE		AGE (In years Huner I Year Huner 24 Hours Instructed Hours Months Days Hours Min.
ion should	1	The state of the s	11. BLOPHPLACE (State or foreign NDUSTRY) 14. MOTHER'S MANDEN NAME	WHAT COUNTRY?
BINDING of information uses of death	X 15	Deryanin Jaffe. WAS DECYASED EYER IN U. S. ARYED FORCER 16. SOCIAL	Keah 17 NEORMANT	ADDRESS
FOR BIN y item of the causes		18. 443 X DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	IS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
SESER INK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	TYPERTENSIVE Y ARTERIO Y CAR CARDIO VASCULAR DISEA	Bric SE
MARGIN I UNFADING Physicians: p	CERTIF	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H .	DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS	JRY (e.g., in or 21c. WHERE DID (If in	20. AUTOPSY7 YES NO Example 1 No Example 1 No Example 2 N
PLAIN, WITH	ME	LYING OR CONTRIBUTING about home, farm, factory, stree CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT WORK		CCUR?
		22. I hereby certify that I attended the deceased freedeceased alive on 1953, and that de 23A. SIGNATURE	rom 2 - 2, 1953, to 2 reath occurred at m., from the	, 1952, that I last saw the causes and on the date stated above.
PLEASE WR correct age is	2. Ty	1 a- W. Clevens, r.	M. D. 238. POPRISS HOPKINS HO	TION (City, town, or county) (State)
PLEA	TOUR	ATE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR Tuntington	Ab. FUNERAL DIRECTOR	Appress Pa
	=	VS 150	The state of the s	

-	NAME OF D	ECEASED		ERIFICAL	E OF DEATH	2. D		3 1292
(T	Type or Print)		WILLIAM	BLUMBER	iG.			4, 1953
Α.		City, Maryland			4. USUAL RESIDEN		ceased lived. If	institution : residence before admissio
H	FULL NAME OSPITAL OR ISTITUTION			give street address or location)	c. CITY OR TOWN		corporate limit	ts, write BURAL and gi
-	3/	Balto.	City Hosp	pitals Yrs.	Balt:	imore	26.	-07 townshi
c.	Length of s	tay in Baltimore		Life Mos.		Eastern		•
	SEX	6.COLOR OR RACE White		D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AG	E (In years t birthday) Mo	li Under I Year H Under 24 Hou onths Days Hours Mi
	Male Of JUSUAL OC	CUPATION (Give kind of f working We, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BOTHPLACE (St	ate or foreign c	ountry)	12. CITIZEN OF
10	FATHER'S N	ages			14. MOTHER'S MAIL	ione	Md	WHAT COUNTR
-	6/00	war			Kebecc			
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0) A	DDRESS
	18. 420	,1 and 32			OF DEATH	umi	erg-	INTERVAL BETWE
ATION	in items	re, asthenia, etc. It mes				***************************************		
ICATION	DISEASES	complication which of ANTECEDENT CAUSTON CONDITIONS, IN THE ABOVE CAUSE (A) (ING CONDITION LA	caused death.) SES F ANY, GIVING STATING THE	DUE TO (B) DUE TO (C)				
ERTIFI	DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING	ANTECEDENT CAUS OR CONDITIONS, I	caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED	(B) DUE TO (C)				
L CERTIFI	DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE OI	ANTECEDENT CAUS OR CONDITIONS, INTERPRETARIES (A) ING CONDITION LA	caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED I CAUSING IT.	(B) DUE TO (C)	lcoholism			20. AUTOPSY?
DICAL CERTIFI	OTHER S TRIBUTING TO THE OI 19A. DATE O	ANTECEDENT CAUS OR CONDITIONS, INTERPRETARIES ON CONDITION LA III IGNIFICANT CONDITION TO THE OEATH, BUT SEASE OR CONDITION	caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON. NOT RELATED I CAUSING IT. 9B. MAJOR F	(B) DUE TO (C) Acute 8	lcoholism	O (If in Ba		20. AUTOPSY?
DICAL CERTIFI	OTHER S TRIBUTING TO THE OI 19A. DATE O 21A. EXTERN UNDERLYING UTING C	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA IGNIFICANT CONDITION TO THE OEATH, BUT SEASE OR CONDITION F OPERATION 1 IAL CAUSE WAS G OR CONTRIB-	caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON. NOT RELATED I CAUSING IT. 9B. MAJOR F 21B. PLACE about home, farm (Hour) 21E	Acute a	ATION or 21c. WHERE DIE injury occur) (If in Ba	ltimore City, g	20. AUTOPSY?
EDICAL CERTIFI	OTHER S TRIBUTING TO THE OI 19A. DATE O 21A. EXTERN UNDERLYING UTING C 21D. TIME (OF INJURY) 22. I certif the evic	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE OF ATT ON THE OF ATT ON THE OF ATT ON THE OF ATT ON THE OF AUSE OF CONDITION (Day) (Year) The off of	caused death.) SES FANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED I CAUSING IT. 9B. MAJOR F 21B. PLACE about home, farm (Hour) 21E WHI m. We rge of the re said Autops	Acute a INDINGS OF OPERA E OF INJURY (e.g., in, factory, street, office bldg., etc.) INDINGS OF OPERA E INJURY OCCURRE LE AT NOT WHILE AT WORK mains described a y, Inspection or In	or 21c. WHERE DIE INJURY OCCUR. 21f. HOW DID I bove, held an arquiry, find that s. A, accident \square , se	O (If in Bank) NJURY OCCU AUTOPSY topsy, Inspection and deceased incide [], ho	ltimore City, g	20. AUTOPSY? YES No give exact location) thereon and from the day stated about the day stated about the day stated indetermined
EDICAL CERTIFI	OTHER S TRIBUTING TO THE OI 19A. DATE O 21A. EXTERN UNDERLYING UTING C 21D. TIME (OF INJURY) 22. I certif the evic and dec 23A. SIGNAT	ANTECEDENT CAUSE OR CONDITIONS, IN HE ABOVE CAUSE (A) ING CONDITION LA INGENIE OF CONDITION TO THE OEATH, BUT SEASE OR CONDITION TO THE OEATH OF THE OEATH	caused death.) SES FANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED I CAUSING IT. 9B. MAJOR F 21B. PLACE about home, farm (Hour) 21E WHI m. We rge of the re said Autops	Acute a INDINGS OF OPERA E OF INJURY (e.g., in in indicatory, street, office bldg., etc.) E. INJURY OCCURRE LE AT NOT WHILE ORK AT WORK mains described a cy, Inspection or Imm: natural eauses O. M.	or 21c. WHERE DID INJURY OCCUR bove, held an anguiry, find that s Assistant Med MEDICAL INVES	NJURY OCCU autopsy topsy, Inspecticide , ho ICAL EXAMIN TIGATOR	ltimore City, g	20. AUTOPSY? YES No Sive exact location) thereon and from the day stated about the day state
MEDICAL CERTIFI	OTHER S TRIBUTING TO THE OI 19A. DATE O 21A. EXTERN UNDERLYING UTING C 21D. TIME (OF INJURY) 22. I certif the evic	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LATER CONDITION LATER CONDITION TO THE OEATH, BUT SEASE OR CONDITION FOPERATION 1 IAL CAUSE WAS G OR CONTRIBAL CAUSE OF DEATH. Month) (Day) (Year) Ty that I took chart dence obtained by the in my opinion contributed by the in my opinion of the contributed by the	caused death.) SES F ANY, GIVING STATING THE AST. STATING THE AS	Acute a INDINGS OF OPERA E OF INJURY (e.g., in h, factory, street, office bldg., et E. INJURY OCCURRE AT WORK mains described a ry, Inspection or In m: natural causes O M. NAME OF CEMETER	or 21c. WHERE DIE INJURY OCCUR. 21f. HOW DID I love, held an acuiry, find that so in accident , so accident , so assistant med	NJURY OCCU autopsy topsy, Inspectic aid deceased icide ical EXAMIN ICAL EXAMIN TIGAL EXAMIN TIGATOR	ltimore City, g	thereon and from the day stated aboundatermined



. 19 3that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248. DATE 240 NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150

before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

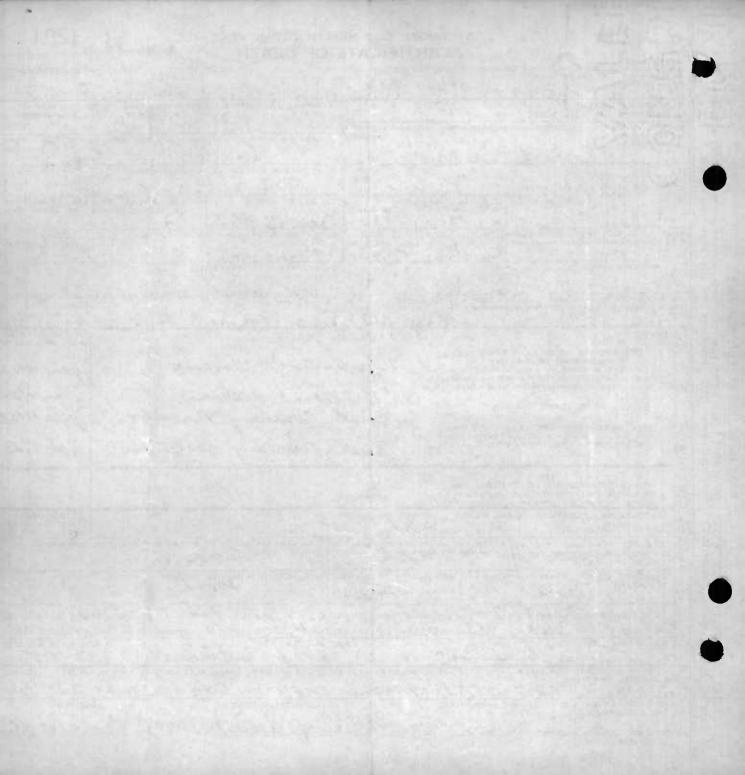
ONSET AND DEATH

Lous.

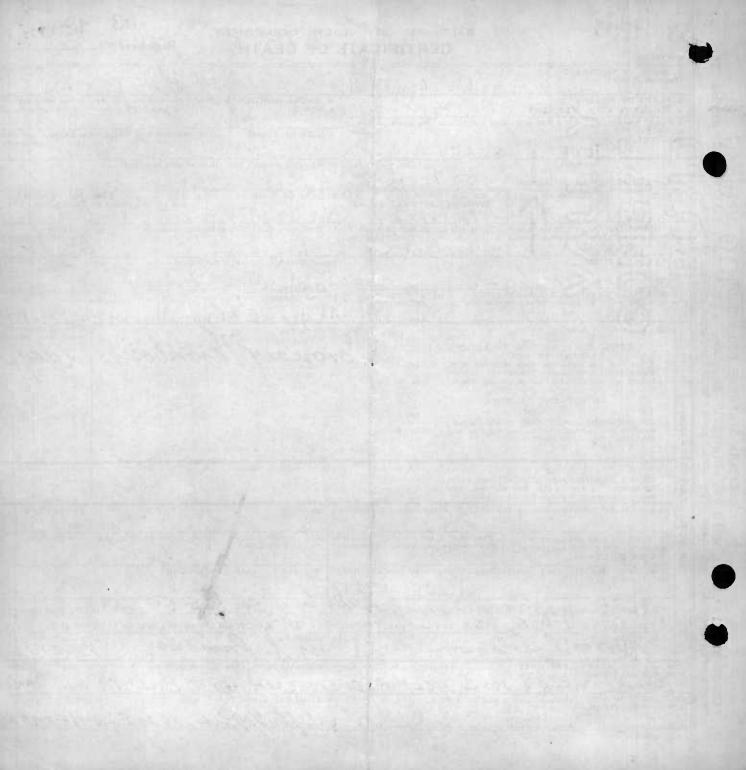
20. AUTOPSY

YES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location' c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 191 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In year 8. DATE OF BIRTH if Under | Year - | If Under 24 Hours should learly and WIDOWED, DIVORCED (Specify) last hirthday | Months Days Hours Min. Mottled 1. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR information s of death cle abov. erman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or anknown) SECURITY NO INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., partenerie C.V. Deserve heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Clic Broncheal asthers ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. de Corner UNFADING Physicians: RTIFI OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR ELNDINGS OF OPERATION 20. AUTOPSY? WITH NO 4 me YES 21c. WHERE DID (III 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, fectory, street office bldg., etc.) LYING ON CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ZHOWH E WHILE AT! WORK here 12, 1952 to fet 3 , 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Jela 3 19 3 and that death occurred at 1. 30 mm. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PLEASE correct ag 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) GERMAN HILL RD (EMETERY BURIAL HOLY CROSS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



A -	K	-64							p-s	-4-	
	5	3 125	35		BALTIMORE	CITY HE	ALTH DEPART	MENT	56	3 12	95
a)	ノ) !!=		the or			OF DEAT		Registered	No	
E.	-	NAME OF E	PECEASED		***				DATE		
ģ		ype or Print)	Sove	rh	C. ALL	rell			OF DEATH	15-	53
plie		PLACE OF E	City, Maryland	R	140		4. USUAL RESIDE	ENCE (Whe	The second second	If institution	
dns	В.	FULL NAME	* / *	pital or ins	titution, give stree		A. STATE	nd.	B. COUNTY	Der	ore admission
illy supplied.	11	OSPITAL OR ISTITUTION	10.00		. M. Ava	location)	C. CITY OR TOWN	(If out	side corporate lin	nits, write RU	RAL and give
	1	1 0	1018 P	asr-	ern Ave	Yrs.	D. STREET ADDRE	ESS (If rur	al, give location)	0 1	
leg	C.	Length of s	stay in Baltimore		57 /2 m	S Mos.	1018	Eas	tern	AVO	
VDING information should be of death clearly and l	5.	SEX	6. COLOR OR RAC		IGLE, MARRIED,		8. DATE OF BIRTH		. AGE (In years last birthday)	If Under 1 Year	If Under 24 Hours
ould y a		Male	White		Varried	(Specify)	Nov. 23 18	94	58	Months: Days	Hours Min.
she	wor!	k done during most	CUPATION (Give kin of working life, even if retir	dof 10B. F	IND OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (S	State or forei	gn country)	12. CITIZ	EN OF
ion n cl	10	OC M	NAME	IMd.	Drydock	Co.	Engla	hd.		10.5	SA
G mat eath	,	Author	4		11		14. MOTHERIS MA	IDEN NAM			
BINDING of inform uses of dea	15	S. WAS DECEAS	ED EVER IN U. S. ARI	ED FORCE	S? 16. SOCIAL		17 INFORMANT	ca 1	0000	ADDRESS	
f in	(Ye	s, no or unknown)	(If yes, give war or d	ates of servic	e) SECUR	ITY NO.	Al alua o C	Alaha	- 110 10	NO DE	tor die-
~ =		18. 420	.1			CAUSE	OF DEATH		131190 11	INTER	VAL BETWEEN
it it			SE OR CONDITION	N DIRECT	TLY	(- ALL	1/10	culari	ONSE!	AND DEATH
- 2-		(This does	s not mean the mod ire, asthonia, etc. It n	e of dying	, e. g., (A)	Lo	rondy	INM		e of	ways
RESERVED INK, Ever please write			complication which				,		'		
K.	7		ANTECEDENT CA	USES						3-100	
RESE INK. please	O.		S OR CONDITIONS		IVING	***************************************					******************
	CAT	UNDERL	YING CONDITION	LAST.	(C)		***************************************				
MARGIN UNFADING Physicians:	IFIC										***************************************
IAI IFA ysic	RT		II SIGNIFICANT CON								
Phy Phy	CE	TO THE D	S TO THE DEATH, BU								
ht .	7	19A. DATE	OF OPERATION	198. MA.	JOR FINDINGS	OF OPER	ATION				AUTOPSY?
Y, WITH important.	DIC		ENT WAS UNDER		PLACE OF INJU				Baltimore City	, give exact	location)
Y, mpor	Ш	LYING O	R CONTRIBUTING DEATH	about h	ome, farm, factory, stree	et, office bldg., e	INJURY OCCU	R?			
	Σ	21D. TIME OF INJURY	(Month) (Day) (Ye	ar) (Hour)	21E. INJURY	OCCURRE	D 21F. HOW DID	INJURY O	CCUR?		
Alla					n. WHILE AT	NOT WHIZE	A				
PEC PE		22. I hereb	y certify that I	ittended	the deceased fr	on les	25 6 , 195	o, to Fel	~ 5 , 19e	13, that I	last saw th
(S)		acceased a	live on	, 19.5	3. and that de	ath occur	rea atm.,	from the	causes and on		
N a		23A 56 NA	For L. A	olon	ion-	M. D. 2	3B. ADDRESS	Gross	lway	manufer	5 1953
age W	24	4A. BURIAL.	CREMA- 246. DATE		24c. NAME o		RY OR PREMATORY	24D. LOC	ATION (City, tow	1/20	
AS		BURIA	FEB 9	195	3 4044	REDE	EMER CEM	4430	BELLA	iR RU	MO
PLEASE correct ag	L	ATE RECEIVE	RAR LL	A hours	ATURE .	1	25. FUNERAL DIR	ECTOR		ADDRES	S
M 0	_	SERR	3 1 1 mm	Carry 2 1	5 13 10 cm	101	of Depole	Bro	1800 E	20 MC	SARDS
PAR		VS 150	1	Q	10	10 3	11				



The) (BI	3 129 IRTH NO.	6		BA			ALTH DEPARTME OF DEATH		Register	53 ed No.	1.00.0	
	1. (T	NAME OF Cype or Print)	ECEAS	LOUIS	SA MA	RY MAASO	CH			2. DATE OF DEATHFEL	0. 4	, 1953	
y supplied.	3. A.	Baltimore (EATH:	Iaryland			4. USUAL RESIDE	NCE (W		d. If inst	itution : residence before admission	n'	
ins	В.	FULL NAME			al or institu	tion, give street add	ress or		<u>faryl</u>		** **		,
A	institution 3808 Fleetwo							c. CITY OR TOWN		MOre	limits w	rite RURAL and giv	
gil		J-1/	700				Yrs. Mos.	D. STREET ADDRE	SS (If r	ural, give location		00	
o e c		Length of s		Baltimore OR OR RACE		Life Mos. 3808 Fleetwood Avenue						er 1 Year If Under 24 Hour	-
uld h		Famale		vhite		VED, DIVORCED (Specify)	Dec.22, 18		last birthday)	Month	s Days Hours Min	n.
NDING information should be car i of death clearly and legil	10 work	A. USUAL OC	CUPAT	ION (Give kind of life, even if retired)	108. KINI	OF BUSINESS	OR	11. BIRTHPLACE (S		reign country)	12	CITIZEN OF	Y
		House			at	home		Baltimore,	Md.		U	SA	
	13			Magazia				14. MOTHER'S MAI					
	15			Tegges	FORCES?	I 16. SOCIAL		Margaret M					
R BINDING em of inform causes of dea	(Ye	a, no or unknown)	(If ye	s, give war or dates	of service)	SECURITY	Miss Lula M. Maasch						
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the cau	CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR LEADING not more, asther complication of the complex of	CONDITION ING TO DEAT An the mode or conia, etc. It mean action which er EDENT CAUS DNDITIONS, IF VE CAUSE (A) ONDITION LA: II CANT CONDITION CRATION A 1 19	H f dying, e.; ns the diseas aused death ES FANY, GIVII STATING TI ST. TIONS COI NOT RELATI CAUSING	(B) CLL	ouis.	Specturen de de sepinstry in			4	bday	
WITH tant.	AL											YES NO	
, WITH	MEDIC	LYING OF	CONT DEATH	AS UNDER- RIBUTING (Day) (Year)	about home,	ACE OF INJURY farm, factory, street, officers, and control of the	ce bld g., e	(c.) INJURY OCCUP	₹?	f in Baltimore C	ity, give	exact location)	
AII		OF INJURY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(==,, (===,		WHILE AT NOT	WHILE						
PLEASE WRI correct age is expecia	D.		CREMA. Specify)		ended the	deceased from. and that death M. 24c. NAME OF CE Oak Law	occur 2 D. 4 EMETER	red at // A. m., 38. ADDRESS PY OR CREMATORY PME TE TY 25. FUNERAL DIRECTORY AND SANDE	From the 24D. LC	CATION (City, to SONS, I)	town, or o	3c. DATE SIGNED	D
		ys 150		. 0				Len	per	Sander			

VS 150

53	3 129	7	ВА		E OF DEATH	ENT Registered	3 <u>1</u> 297
	RTH NO.			OLIVIN TOXI	L OI DEXIII		
(T	NAME OF D ype or Print)	Ole	af	Handar	he	2. DATE OF DEATH	3.5.1953
Α.	PLACE OF D Baltimore C	ity, Maryland	tal or institu	tion, give street address	A. STATE	CE (Where deceased lived, If B. COUNTY	f institution : residence before admissio
H	SPITAL OR STITUTION		in Kn	location	c, CITY OR TOWN	(If outside corporate limi	ts, write RURAL and gi
*	Tanath of a			Mos.	3215	(If rural, give location)	, P.1
	SEX	ay in Baltimore 6. COLOR OR RACE		Days E. MARRIED. WED, DIVORCED (Specific	8. DATE OF BIRTH	9. AGE (in years) last birthday) M	If Under I Year If Under 24 Hounths! Days Hours Min
10	A. USUAL OC	CUPATION (Give kindo f working life, even if retired	f 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State	84 68 te or foreign country)	12. CITIZEN OF
	N/	NE	1	INDUSTR	Mora 4	vay	WHAT COUNTR
					14. MOTHER & MAID	EN NAME	
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	una 3215 7	DDRESS
	18. 420	./ 1		CAUSE	OF DEATH	447 000 72	INTERVAL BETWEE
	DISEAS	E OR CONDITION LEADING TO DEA	TH	1000	161	-1-1	18 60 -
	heart failu	not mean the mode re, asthenia, etc. It me complication which	of dying, e. ans the disea	se,	mai, / so w		70 100
7		ANTECEDENT CAU	SES	(8)			
ATIO	RISE TO TI	OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	STATING T	NG			
ICA	ONDENE		A31.	(C)			
RTIFIC		II GNIFICANT COND TO THE DEATH, BUT					
빙	TO THE DI	SEASE OR CONDITIO	N CAUSING	IT	-1		
AL A	ISA. DATE O	F OPERATION	19B. MAJOR	R FINDINGS OF OPE	RATION		20. AUTOPSY?
EDIC		ENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg		(If in Baltimore City,	
Σ		Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID IN	NJURY OCCUR?	
	OF INJURY		m,	WHILE AT NOT WHIL AT WORK			
						to 2-5, 19V	
		ive on 2 - 5		and that death occu	erred at 4 Pm., fr	rom the causes and on t	
	23A. SIGNAT	enne & 6	rlew	acts M.D.	2320 Eustas	w Place	23c. DATE SIGNE 2-6-53
24	A. BURIAL, -C	REMA- 248 DATE	ENG DES	24c. NAME OF CEMET	ERY OR GREMATORY 2	4D. LOCATION (City, town	, or county) (State
The	REMOVAL (S	egcify)	- 3	- 01 7	eters	Balto.	ned

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF y supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (SCHINS osnital or institution, give street address or HOPKINS HOSPITAL location) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION of rural, give location) Yrs. ADDRESS Mos. c. Length of stay in Baltimore Days information should be of death clearly and l 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORS last birthday) Months Days Hours | Min. 5 23 idow Ed 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF lone during most of working life, even if pet INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Un Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMATINS HOPKINS HOSPITALDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 4221 INTERVAL BETWEEN AUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON. lonephreti TRIBUTING TO THE CEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 22. I honeby certify that I attended the deceased from 19 that I last saw the 1912 to_ and that death occurred at foll m., from the causes and on the date stated above. eceased alive on 3A. SIGNALURE 23c. DATE SIGNED BURIAL CREMA 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY PLEASE 24A. 240. LOCATION (City, town, or county) TION REMOVAL (Specify) Durial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

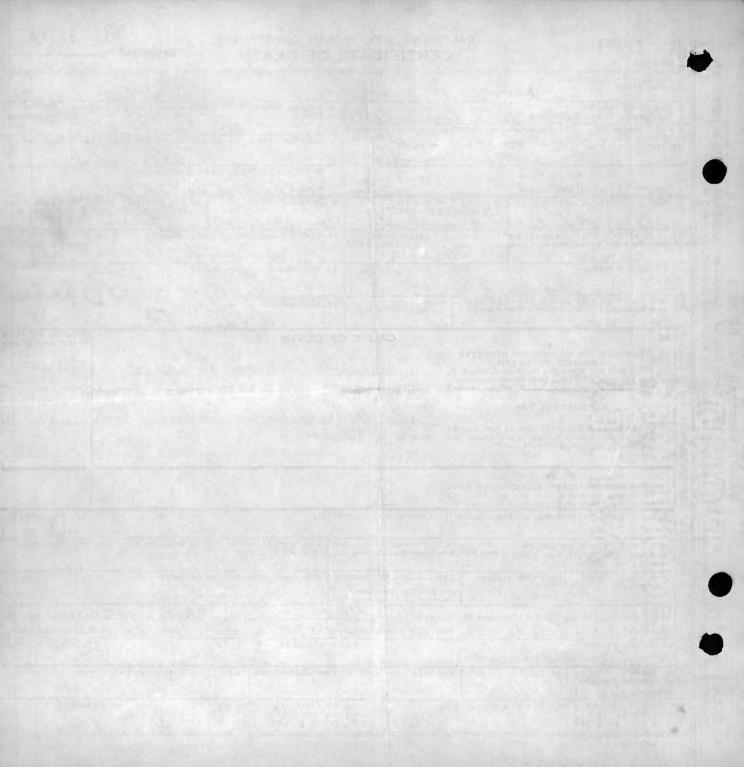
0	LU	
53	12	299

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53 Registered No. 1299

he	B	IRTH NO.	CERTIFICATI	OF DEATH	registered it	0
1	1. (T	NAME OF DECEASED (ype or Print)	z P		2. DATE	0
supplied	3.	PLACE OF DEATH:	6. Luse	4. USUAL RESIDENCE ()	DEATH JU	nstitution: residence
ddn	Α.	Baltimore City, Maryland/ How M FULL NAME OF (If not in hyspital or institu	Levington S	A. STATE Mari	AB. COUNTY	before admission
S S	H	OSPITAL OR aged bonnins	location)		outside eorporate limits	
uII.	-	I aged Mens	Homes	/	Baltim	township)
20	1		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	Or .
be c		Length of stay in Baltimore SEX [6.COLOR OR RACE 7. SINGL	Days Days	8. DATE OF BIRTH	AGE (In years)	Under 1 Year If Under 24 Hours
ldan	n		WED, DIVORCED (Specify)	Mar. 13 1865	last birthday) Mor	ths Days Hours Min.
on shou clearly	10	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
cle		O'extou	hur e K	Marylan	d	WHAT COUNTRY
ath	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME A 1-1	1
de	10	Duved de	use.	_ Oto	patiele 14	creat
information s of death cle	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	L. J. Read AD	DRESS
of		18. 1. 20. 1	CAUCE	1400W. Lef	ington	INTERVAL BETWEEN
y item the cau		DISEASE OR CONDITION DIRECTLY		OF DEATH /		ONSET AND DEATH
ry i		LEADING TO DEATH (This does not mean the mode of dying, e.	E. (A) ala	ute Coronary	Stellesin	Minutes
Every write th		heart failure, asthenia, etc. It means the disease injury or complication which caused death	se,			
P		ANTECEDENT CAUSES	n.	t. 1. 1 1	Scales Varent	
INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVIN		unocura o	seem Voneva	5
P No.	ATI	RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TO	sun		
ADING icians:	FIC		(C)		***************************************	
UNFADING Physicians:	RTII	OTHER SIGNIFICANT CONDITIONS CO	N -			
UNF	CE	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING		,		
HI.	_	19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
WITI rtant.	CA	21A. ACCIDENT WAS UNDER. 21B. PL	ACE OF INJURY (e. g., in	or 21c, WHERE DID (If in Baltimore City, g	YES NO
Y, V	ED	LYING OR CONTRIBUTING about home,	farm, factory, street, office bldg., e	te.) INJURY OCCUR?	ir in Darminore Only, g	ive exact location;
Im	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
Alle		m.	WHILE AT NOT WHILE			
PL/ ecial	-/	22. I hereby certify that, I attended the	deceased from	buch, 1952, to /	Fib-5, 1953	that I last saw the
田岛	Ы	deceased alive on Fe B 3, 1953,	and that death occur	red at 7.00 m., from t		e date stated above
e W		23A. SIGNATURE	2	38. ADDRESS	18	FILMAN SIGNED
0.0	24	AA. BURTAL, GREMA- 248. DATE	24c. NAME OF CEMETER	RY OR GREMATORY 24D. L	OCATION (City, town,	or eounty) State)
PLEASE correct a		Removal 2/6/53	Mauch	ester	ms.	
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR		25. FUNERAL DIRECTOR		ADDRESS
110	L	FRG 1952 Thurlington)	BUANIA NO	W - LOOK Sic 1	17 St. Pau	e st.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1300 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) ENRY OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) ERGREEN Yrs. D. STREET ADDRESS (If rural, give location) Mos. ERGREEN c. Length of stay in Baltimore Days information should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. If Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work dooe during most of working life, even If retired) INDUSTRY AShIER 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or uokoowo) [(If yes, give war or dates of service) SECURITY NO 41 MERINE huell zer of INTERVAL BETWEEN 18. 420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 19), to_ 22. I hereby certify that I attended the deceased from. Shat I last saw the deceased alive on 19 and that death schurred at 5.00mm., from the causes and on the date stated above. 23B. ADDRESS SIGNATURE 23C DATE SIGNED PLEASE WR (109 FeVC 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DUGON d DATE RECEIVED BY REGISTRAT'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

Evergreen. Historia Reshmand The state of the s

BALTIMORE CITY HEALTH DEPARTMENT

1301

Ch.	10	DELL NO	CERTIFICATI	E OF DEATH	Registered	I NO		
		RTH NO.						
.pa		ype or Print) KATARINA	KOKRON		2. DATE OF DEATH	eg. 3, 1953		
supplied		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission				
ns		FULL NAME OF (If not in hospital or institu	tion, give street address or	Marylan	a			
fully :	HO	DSPITAL OR ISTITUTION	location)	C. CITY OR TOWN (If o	utside corporate lin	nits write RURAL and give		
legici	1	6305 Moyer	Avenue	Baltimo		1-00		
	-	Length of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If r 6305 Moyer	Avenue			
ald be		WIDO	E, MARRIED, WED, DIVORCED (Specify) MARRIED	Nov. 26-1895	9. AGE (In years last birthday)	Months Days Hours Min.		
information should be of death clearly and	wor	A. USUAL OCCUPATION (Givekind of tobs. KIN doneduring most of working life, even if retired) Janitress, School Syst	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY		
tior h c		. FATHER'S NAME	JOIN C119	14. MOTHER'S MAIDEN NA	ME			
deat		Frederick ReiTer		Theresa B	urghard			
nfo	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
of i				Mr. Jacob Kokr	on,6305 1	Moyer Avenue		
Every item of i		18. 420.1	CAUSE	OF DEATH		ONSET AND DEATH		
ite he		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ma	. // /	7.	156		
ery e t		(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	g., (A)	nadel info	a crew	10 mus		
Ever		injury or complication which caused deat	h.) DUE TO					
	_	ANTECEDENT CAUSES	Corn	no lateralle		1/26		
INK.	O	DISEASES OR CONDITIONS, IF ANY, GIVI	(B)					
D d	A	RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.						
ADING icians:	FIC		(C)					
UNFADING Physicians:	RTI	OTHER SIGNIFICANT CONDITIONS CO	N.					
hy	CEF	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED					
H	,		R FINDINGS OF OPER	ATION		20. AUTOPSY?		
WITH rtant.	CAL	Mme	Mue.			YES NO		
LY, WITH	EDIC		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		in Baltimore City	, give exact location)		
E.E.	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
ally		m.	WHILE AT NOT WHILE					
TE PL		22. I hereby certify that I attended the	e deceased from 27	-65 runn, 1933, to 37	February, 19.	3, that I last saw th		
TE		deccased atto on 2 72 hrm of, 1953			e causes and on			
-		23A. SIGNATURE		3B. ADDRESS	1 /1	23c. DATE SIGNED		
E	2.	4A. BURIAL, EREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 740. LO	CATION (City, toy	vn, or county) (State)		
LEASE J	TI	ON, REMOVAL (Specify) Burish 2/6/53	Parkwood (Cemetery Ba	ltimore,	Maryland		
HE	D	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE	FUNERAL DIRECTOR	U	ADDRESS		

VS 150

Ruck,

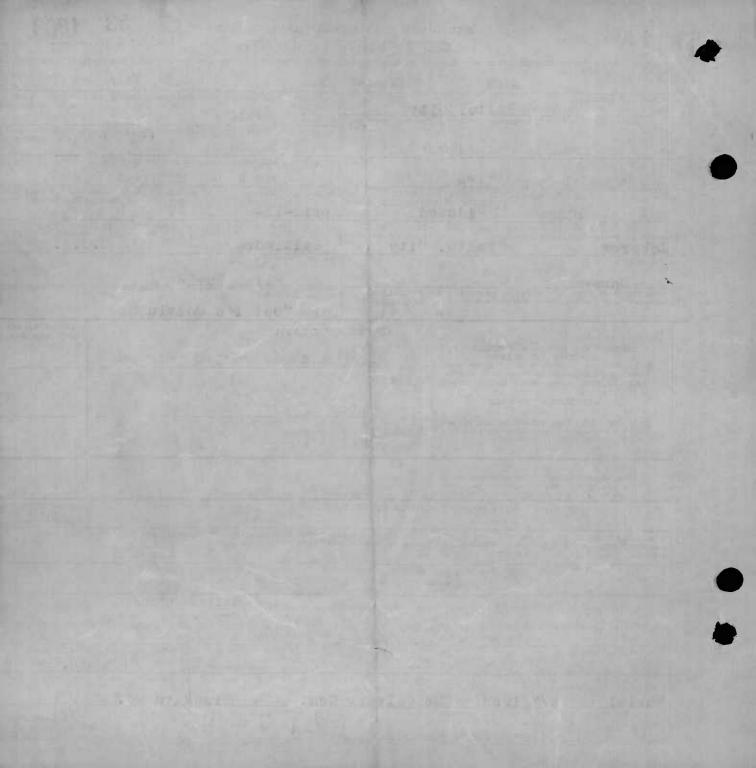
5305

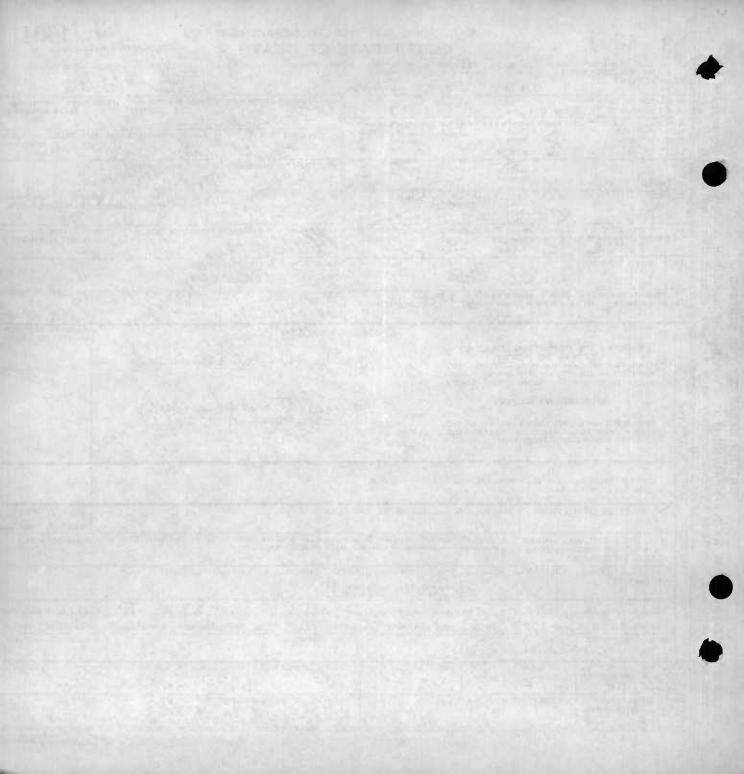
PLEASE V

MARGIN RESERVED FOR BINDING

Dr. Osbourner 5600 Harford Road 9-10

her Edel 3403 Garrison draw combi





VS 150

1305

before admission)

WHAT COUNTRY?

20. AUTOPS

township)

The		53 1;	306					LTH DEPARTM		Register	3 ed No	1306
	1. (T	NAME OF Daype or Print)	ECEASED	WI	LHELMI	NA M. MALE			2. DATE OF DEATH	2/3/5	3	
car Iy supplied.	B.	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION			ol Avenue ion, give street add	dress or	Md. CITY OR TOWN Baltimor	(If o	B. COUNT	Y	tution: residence before admission) ite RURAL and give township)	
	c.	Yrs. Mos. c. Length of stay in Baltimore Days						D. STREET ADDRESS (If rural, give location) 25 Bristol Avenue				
NDING information should be can s of death clearly and legil	_	SEX F			WIDOW	MARRIED. ED, DIVORCED	(Specify) 8	. DATE OF BIRTH 2/28/82		9. AGE (In year	s If Under Months	1 Year If Under 24 Hours Days Hours Min.
on shor	10 worl	A. USUAL OC k done during most	of working life,	even if retired)	Home	OF BUSINESS		i. BIRTHPLACE (S Europe	tate or for	reign country)	12.	CITIZEN OF WHAT COUNTRY?
G matio leath	13	13. FATHER'S NAME Michael Stuney						4. MOTHER'S MAI	DEN NA	ME ?		
BINDING of inform uses of dea	15 (Ye	NO	D EVER IN	U. S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	7. INFORMANT Family -	Same		ADDR	ESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	CERTIFICATION	(This does heart failt injury or DISEASE: RISE TO TUNDERLY	LEADING not mean re, asthenic complication ANTECED SOR CONHE ABOVE (ING CONHE ABOVE TO THE ESTO THE ES	DNDITION E G TO DEAT: the mode of t, etc. It mean on which ca DITIONS, IF CAUSE (A): DITION LAS	H dying, e. g s the discas- used death ES ANY, GIVIN STATING TH. TONS CON HOT RELATE	(B)	Cent LS.C.	LEATH LE	a de	udent		INTERVAL BETWEEN ONSET AND DEATH
H	DICAL	19A. DATE C	ENT WAS	UNDER-	21B. PLA	FINDINGS OF	(e. g., ln or	21c. WHERE DI	D (If	in Baltimore Ci	ity, give	20. AUTOPSY? YES NO P exact location)
impor	MEL	LYING O CAUSE OF 21b. TIME OF INJURY	DEATH (Month) (Day) (Year) (Hour) ;	WORK AT	CURRED T WHILE	21F. HOW DID	INJURY			
PLAI		deceased a	live on		nded the , 1953,	deceased from and that death	occurre	d at 7 55 m.,	tofrom th	e causes and o	on the d	at I last saw the ate stated above.
PLEASE WRD	2. T1	23a. SIGNA 4a. BURIAL ON, REMOVAL (S	CNEMA- 2.	4B. DATE	B		D. EMETERY	OR CREMATORY		KING CHEY, to	2	ounty) (State)
PLEAS		B ATE RECEIVE OCAL REGIST	D BY R	2/7/53 EGISTRAR'S	SIGNATU	Holy Red		5. FUNERAL DIRE		timore	AD	DRESS

ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY in Baltimore City, give exact location) OCCUR? _, 193, that I last saw the causes and on the date stated above. 23c. DATE SIGNED ATION (City, town, or county) (State) imore ADDRESS James L. McCully - I30 E. Fort Ave.

Sound & grang

1307 BALTIMORE CITY HEALTH DEPARTMENT 53 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) James Richard Edmunds, Jr. February 4, 1953 ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 9 Blythewood Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. life Mos. 9 Blythewood Road, c. Length of stav in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | II Under 24 Hours | last birthday) | Months; Days | Hours; Min. II Under 24 Hours WIDOWED, DIVORCED (Specify) male 4 - 1 - 90 married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Baltimore, Maryland architect 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Richard Edmunds Anna Smith Keyser 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. James R. Edmunds. III Ruxton, Md. causes NTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 10 minutes LEADING TO DEATH Cerebral Hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Arteriosclerotic cardiovascular ANTECEDENT CAUSES INK. disease. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. Tupper respiratory infection - 3 weeks OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH important. YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Jan. 14, 19___, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 10:45 m., from the causes and on the date stated above. deceased alive on 19 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Feb. 5, 1953 18 E. Eager St. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-Druid Ridge Pikesville, Md. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE John O.Mitchell & Sons, Inc .- 1900 Eutaw Plac LOCAL REGISTRAR VS 150

RESERVED

MARGIN

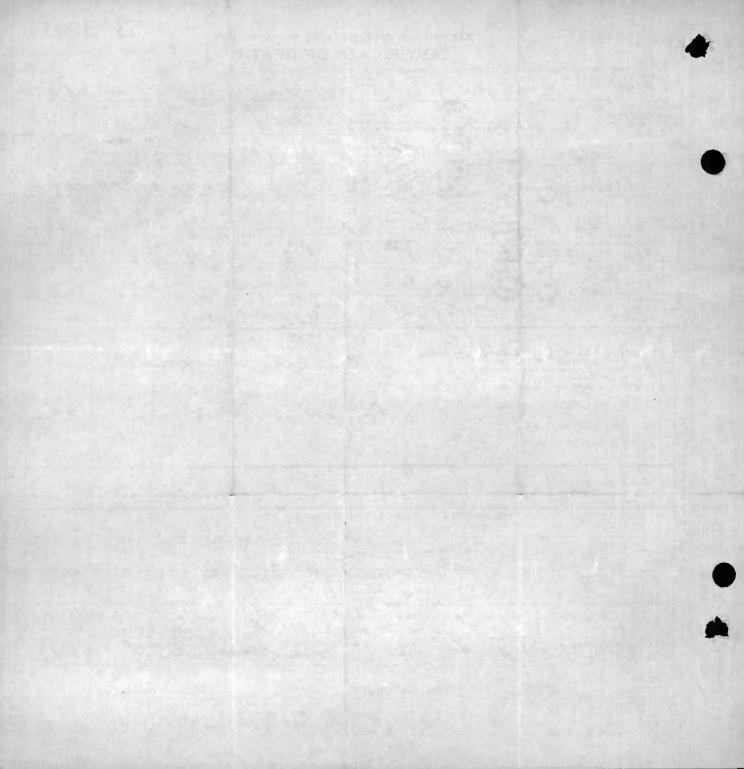
THE PARTY OF THE THE PROPERTY OF SAME company of a statute of the state of the sta A STATE OF THE STA

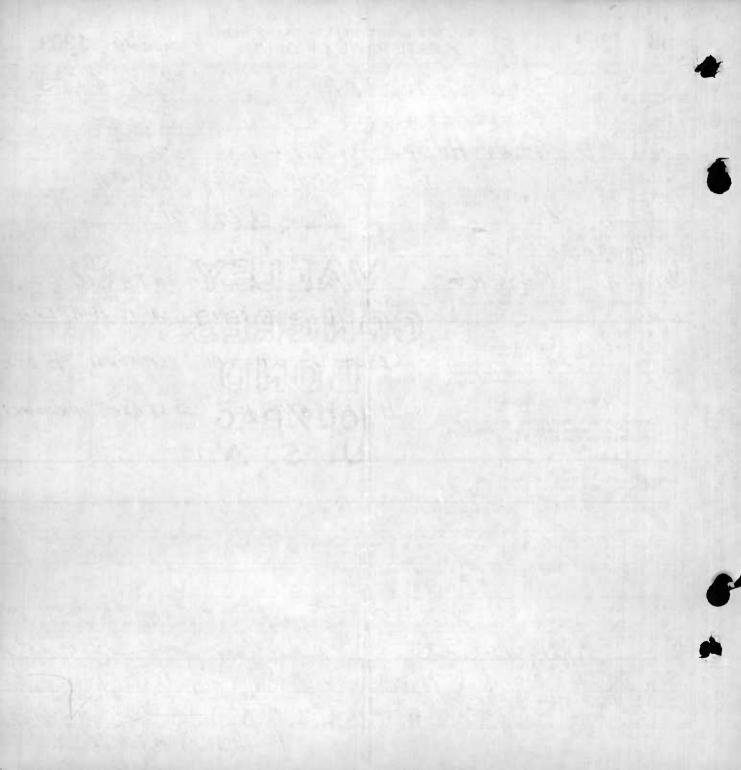
0	150
	53 130
The	BIRTH NO.
	1. NAME OF D (Type or Print)
supplied	A. Baltimore
ly su	B. FULL NAME HOSPITAL OR INSTITUTION
be car d legit	c. Length of s

BALTIMORE CITY HEALTH DEPARTMENT

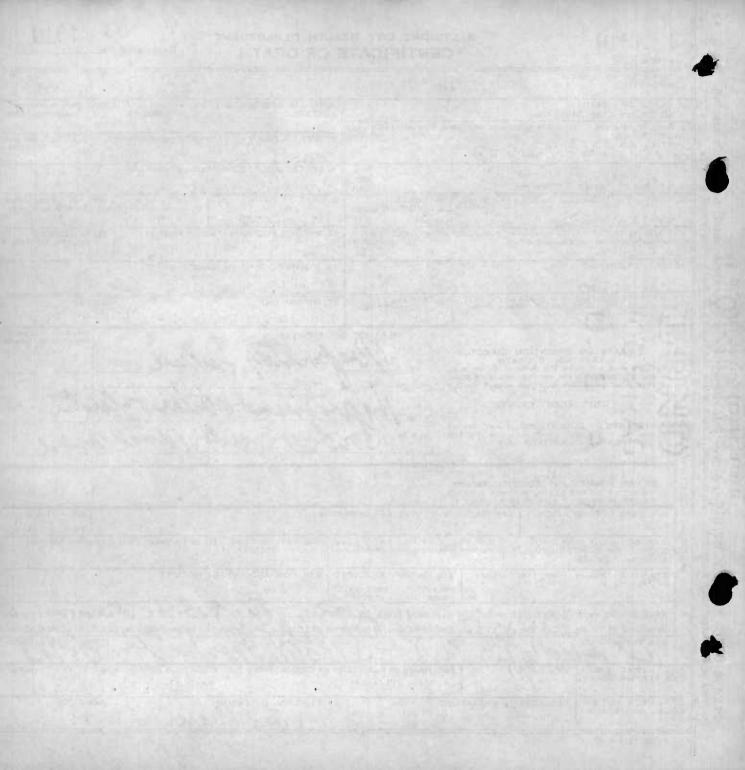
53 1308

	BIRTH NO. CERTIFICATE	E OF DEATH Registered No.	
	1. NAME OF DECEASED Cooney E,	nma 2. DATE OF DEATH 2/	4/52
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HELD HOSPITAL OR Institution Hercy Hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits,	vrite RURAL and give
	c. Length of stay in Baltimore 67 Yrs. Mos. Days	3/12 Howard Park	ave#7
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		ist I Year It Under 24 Hours Ins. Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12	WHAT COUNTRY
	Edward Sipes	14. MOTHER'S MAIDEN NAME Mary C Gibbs	
20	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		a me
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	risatente Heat Res	INTERVAL BETWEEN ONSET AND DEATH
Towns In	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		V
	OTHER SIGNIFICANT CONDITIONS CDN- INTERPOLATION TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.		
`∥	, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
2 11	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e		e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?	
- Jan	22. I hereby certify that I attended the deceased from 4/deceased alive on 2/4, 19.53, and that death occur	red at Of: YTh., from the causes and on the	
	for Dr. Muller John ada M. D.	mercy Hospital	2/7/J3
200	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/7/53 New Cathedral		county) (State)
7	DATE RECEIVED BY I REGISTRAR'S SIGNATURE		DDRESS





1310 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) NEVA PAULINE WARFIELD Feb. 4, 1953 OF supplied. DEATH 4. USUAL RESIDENCE (Where deccased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 2436 N. Charles St. township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2136 N. Charles 8. DATE OF BIRTH Days should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) July 20, 1883 widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Derr Alice R. Fralev 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes Miss Evelyn Warfield - 2436 N. Charles St of INTERVAL BETWEEN 18. item OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION A 1 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK . 19 Sthat I last saw the 22. I hereby certifushat Wattended the deceased from deceased alive on 1943, and that deat occurred at m. from the causes and on the date stated above. 23A, SIGNATURE 238 ADDRES 230 DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE Mt. Olivet Cem. Frederick, Md. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



1	2	200 BALTIM	BALTIMORE CITY HEALTH DEPARTMENT		1 52	4044	
ed.	-	RTH NO.	Registered No.	1311			
		NAME OF DECEASED Super or Print) Saura ANN	Lewis		2. DATE OF DEATH Feb. (61953	
ully supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, g		A. STATE OF THE CE (W	here deceased lived inst B. COUNT	itution: residence before admission)	
lly s	H	SSPITAL OR STITUTION	location)	0.0 :11	outside corporate limits, v	ite RURAL and give township)	
ru legibly.	1	Vespilal forthe Women	Yrs. Mos.	D. STREET ADDRESS (If:	rural, give location)	0.00	
		Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MA	Days	9 DATE OF BIRTH	6 4 6 5 (1) years Hilled	1 Vens 1 N diades 24 thomas	
should bearly and	I	mule White MARRI	DIVORCED (Specify)	8. DATE OF BIRTH 8-14-77	9. AGE (in years f Under Months	Days Hours Min.	
on shou clearly	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	_1	CITIZEN OF WHAT COUNTRY?	
th c	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	1 - 1 - 1	L. D.H.	
NDING information s of death cle		Hamilton Keese		Afice Col	e		
BINDING of inform uses of dea	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	and tere ADDE	RESS	
751		18. 331 X	CAUSE (OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
o it	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
- 4							
m >		. ANTECEDENT CAUSES	(-6	ebral ac	a internal		
RESERVED INK. Even	ON	DISEASES OR CONDITIONS, IF ANY, GIVING	(6)	evru az	ciacur		
NG S	CAT	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) H	gresteus	au		
MARGIN UNFADING Physicians:	TIFIC	CONTRACTOR OF THE CONTRACTOR O		0 /			
MA NF,	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	Gene	arterias	clerosis		
	U	19A. DATE OF OPERATION 19B. MAJOR FIN	DINGS OF OPER	The state of the s		20. AUTOPSY?	
WITH rtant.	CAI		=	Loss Whisps Bib (7	6 : D b: 0:	YES NO	
LY, WITH	MED		OF INJURY (e. g., in actory,street,office bldg.,et		f in Baltimore City, give	exact location)	
y in		OF INJURY	AT NOT WHILE	D 21F, HOW DID INJURY	OCCUR?		
		m. WHILE	K AT WORK	C - 63 a			
TE I		22. I hereby certify that I attended the decedeccased alive on 25- 1, 1953, and	that death occur	red at 2 10 a in from the	ne causes and on the	hat I last saw the	
PITE s esp		23A. SIGNATURE)	2:	B. ADDRESS	2	3c. DATE SIGNED	
188	24	A. BURIAL, CREMA- 24B, DATE 24G.	M. D.	Voncuo tic	OCATION (City, town, or o	-6-53	
PLEASE correct ag		REMOVAL (Specify)	mery.	1	reed ma	(0000)	
orre		TE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	AL	DDRESS	
40		FEB 6 1959 Thinkington 4	Bailes MCT	It Howard	Hebt Faux	Grove Da	
		VS 150				7	

learness in carting grand Some and a secret Sent arienasceenus STORY LEWIS South west that have the

BALTIMORE CITY HEALTH DEPARTMENT 3 1312 Registered N CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) UR TNEY JOHNSON supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate ituits, waite hUKAK and give INSTITUTION Yrs. D. STREET ADDRESS If rural, give location Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information 13. FATHER'S NAMI 7 death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN item DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BROKEN COMPENSATION 6 MO. ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE GAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TD THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 22. I hereby certify that, I attended the deceased from Jaw 26 . 1953, to_ 1953, that I last saw the 1953, and that death occurred at deccased alive on Let 2 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE WRI 24A. BURIAL, CREMA-NO, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248. DATE 24d NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECTOR ADDRESS REGISTRAR S LOCAL REGISTRAR 0

VS 150

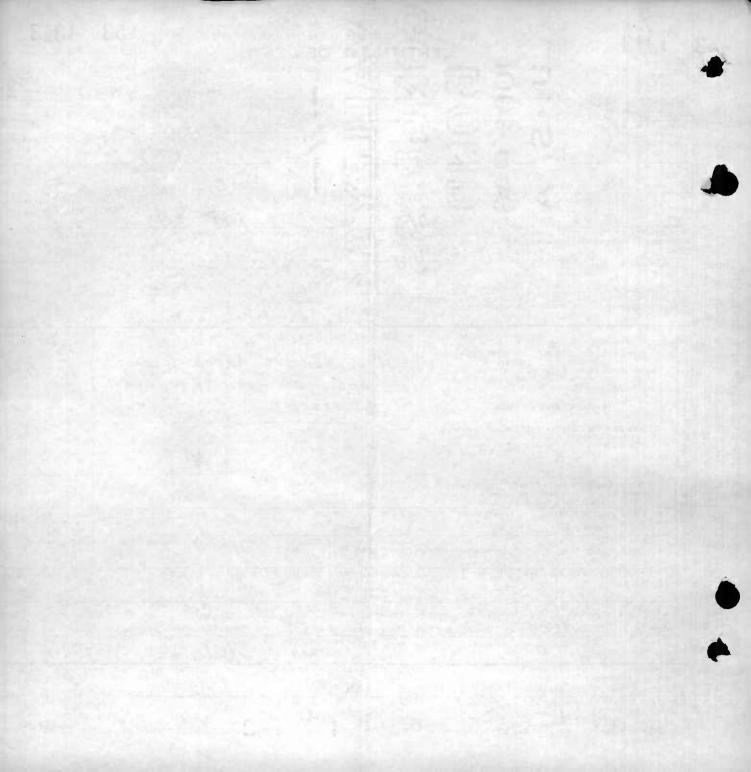
PARTY AND DESCRIPTION OF THE PARTY OF THE PA

1	7	7
6	242	
DIDT	OLE	

BALTIMORE CITY HEALTH DEPARTMENT

53	1313
ristered No.	

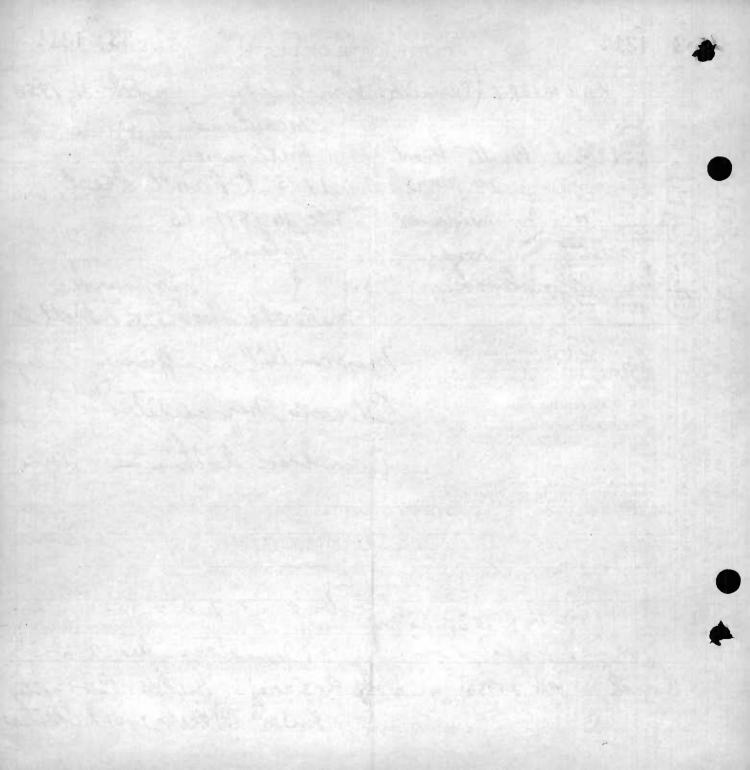
B	INTH NO.	CERTIFICATI	CERTIFICATE OF DEATH Registered No.		
T.	NAME OF DECEASED	washe.		DATE OF Jelr, 5 1953	
	. PLACE OF DEATH: . Baltimore City, Maryland	xu - ruuni		deceased lived. If institution; residence B. COUNTY before admission)	
H	FULL NAME OF (If not in hospital or OSPITAL OR NSTITUTION	institution, give street address or location)		de corporati limits, write RURAL and give	
	3/3 D. Che	ster street	Baltimar	rl 1-00 township)	
c.	Length of stay in Baltimore 4	1 Alan Mos. Days	D. STREET ADDRESS (If reval	Ster Street	
	SEX 6. COLOR OF RACE 7.	SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9	AGE (In years Il Under Year Il Under 24 Hours Months Days Hours Min.	
	DA. USUAL OCCUPATION (Give kied of los k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	recountry) 12. CITIZEN OF WHAT COUNTRY	
13	3. FATHER'S NAME	hane	14. MOTHER'S MAIDEN NAME		
	facul Kaco	ala	Rozalia K	acala	
Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR es, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL ervice) SECURITY NO.	17. MEDRIANT	ADDRESS 313	
-	10.11.		ms) raa sociaas	Unghila Of Childs	
	18. 443× 1		OF DEATH	ONSET AND DEATH	
	DISEASE OR CONDITION DIR	ECTLY	ETRACIVE ARTERI	OCCIERATIC SINCE	
	(This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause	ing, e.g., (A) /// And death.) DUE TO (AR)	RTENSIVE, ARTERI DIO-VASCULAR VI	ALVULAR 7/30/5/	
	ANTECEDENT CAUSES				
1	ANTECEDENT CAUSES		SSASE		
NOI	DISEASES OR CONDITIONS, IF AN	(B)Y, GIVING	70 y 4 4 E		
CATION		(B)Y, GIVING			
TIFICATION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	(B)Y, GIVING			
ERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	Y, GIVING TING THE DUE TO (C)			
CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	Y, GIVING TING THE DUE TO (C)		20. AUTOPSY?	
AL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. I	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT. MAJOR FINDINGS OF OPER	ATION	YES NO	
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 21A. ACCIDENT, SUICIDE, 2 STATEMENT OF THE ABOVE CAUSE 21A. ACCIDENT, SUICIDE, 2 STATEMENT OF THE ABOVE CAUSE 21A. ACCIDENT, SUICIDE, 2 STATEMENT OF THE ABOVE CAUSE 2 STATEMENT OF	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT.	ATION or 21c, WHERE DID (If in		
AL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 21A. ACCIDENT, SUICIDE, 2 STATEMENT OF THE ABOVE CAUSE 21A. ACCIDENT, SUICIDE, 2 STATEMENT OF THE ABOVE CAUSE 21A. ACCIDENT, SUICIDE, 2 STATEMENT OF THE ABOVE CAUSE 2 STATEMENT OF	Y, GIVING THE DUE TO (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY OC	Paltimore City, give exact location)	
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. I 21A. ACCIDENT. SUICIDE. 2 HOMICIDE (Specify) abo 21D. TIME (Month) (Day) (Year) (Hot OF INJURY)	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK	ATION n or 21c, WHERE DID (If in INJURY OCCUR? ED 21f, HOW DID INJURY OC	Paltimore City, give exact location) CUR?	
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. I 21A. ACCIDENT. SUICIDE. 2 HOMICIDE (Specify) abo 21D. TIME (Month) (Day) (Year) (Hot OF INJURY)	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK	ATION n or 21c, WHERE DID (If in INJURY OCCUR? ED 21f, HOW DID INJURY OC	Baltimore City, give exact location) CUR? 7.5, 1953, that I last saw the	
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE (A) TO THE DISEASE OR CONDITION (B) TO THE DISEASE OR CONDITION (B) TO THE DISEASE OR CONDITION (A) TO THE DISEASE OR CONDITION (A) TO THE DISEASE OR CONDITION (A) TO THE DISEASE OR CONDITION (B) THE DISEASE OR CONDITION (Y, GIVING TING THE DUE TO (C) NS CON. RELATED WAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., etc.) 1B. PLACE OF INJURY OCCURR WHILE AT NOT WHILE AT WORK 1B. PLACE OF INJURY OCCURR WHILE AT NOT WHILE AT WORK 25 3, and that death occur	ED 21F. HOW DID INJURY OC 21G. WHERE DID (If in INJURY OC INJURY	Baltimore City, give exact location) CUR7 Cur7	
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DEATH, BUT NOT TO THE DEATH OF CONDITION CALL 19A. DATE OF OPERATION 19B. IN INC. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about 19B. IN INC. 21D. TIME (Month) (Day) (Year) (How OF INJURY) 22. I hereby certify that I attended deceased alive on The Section 19B. In Inc. 23A. SIGNATURE	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK	ATION TO 21C. WHERE DID (If in INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? THE AT 5 15 P. m., from the constant of the State of State o	Baltimore City, give exact location) CUR7 , 1953 that I last saw the cuses and on the date stated above.	
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DEATH, BUT NOT TO THE DEATH OF CONDITION CALL 19A. DATE OF OPERATION 19B. II 21A. ACCIDENT. SUICIDE. About 19B. II 21D. TIME (Month) (Day) (Year) (How OF INJURY) 22. I hereby certify that I attended deceased alive on Record 19B. II 23A. SIGNATURE 4A. BURIAL. CREMA: 24B. DATE ON, REMOVAL (Specify)	Y, GIVING TING THE DUE TO (C) NS CON. RELATED USING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., in out hame, farm, factory, atreet, office bldg., e 1B. PLACE OF INJURY OCCURRING WHILE AT NOT WHILE AT WORK ed the deceased from 53, and that death occur M. D.	ation or 21c, where DID (If in INJURY OCCUR? ED 21f. HOW DID INJURY OC aly 30 1951, to Fel at 5 13 p.m., from the co	Baltimore City, give exact location) CUR7 1.5 , 1953 that I last saw the cuses and on the date stated above. 1.5 23c. DATE SIGNED 2/6/53	
DE MEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAI 19A. DATE OF OPERATION 19B. IN THE CONDITION CAI 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about 19A. DATE (Month) (Day) (Year) (How OF INJURY) 22. I hereby certify that I attended deceased alive on The Sylvanian Control of the Control	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT. MAJOR FINDINGS OF OPER (B) PLACE OF INJURY (e. g., in out home, farm, factory, street, office bidg., etc.) (UI) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK (ed the deceased from 153, and that death occur (24C. NAME OF CEMETE (153) HOW POOR GNATURE	ATION DOT 21C. WHERE DID (If in INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? THE ALS P. m., from the constant of the constan	Baltimore City, give exact location) CUR7 1.5 , 1953 that I last saw the cuses and on the date stated above. 1.5 23c. DATE SIGNED 2/6/53	
DEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CALL 19A. DATE OF OPERATION 19B. IN THE CONDITION CALL 19A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about 19B. II 21A. ACCIDENT, SUICIDE. 2 HOMICIDE (Specify) hat I attended deceased alive on 19B. II 23A. SIGNATURE 7 4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) 19B. II ATE RECEIVED BY REGISTRAR'S SI	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT. MAJOR FINDINGS OF OPER (B) PLACE OF INJURY (e. g., in out home, farm, factory, street, office bidg., etc.) (UI) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK (ed the deceased from 153, and that death occur (24C. NAME OF CEMETE (153) HOW POOR GNATURE	ation or 21c. Where DID (If in INJURY OCCUR? ED 21f. HOW DID INJURY OC ally 30 1951, to free or one of the constant of the	Baltimore City, give exact location) CUR7 L. S., 19 S, that I last saw the cuses and on the date stated above. L. S. DATE SIGNED 23C. DATE SIGNED 246/53 FION (City, town, or county) (State)	



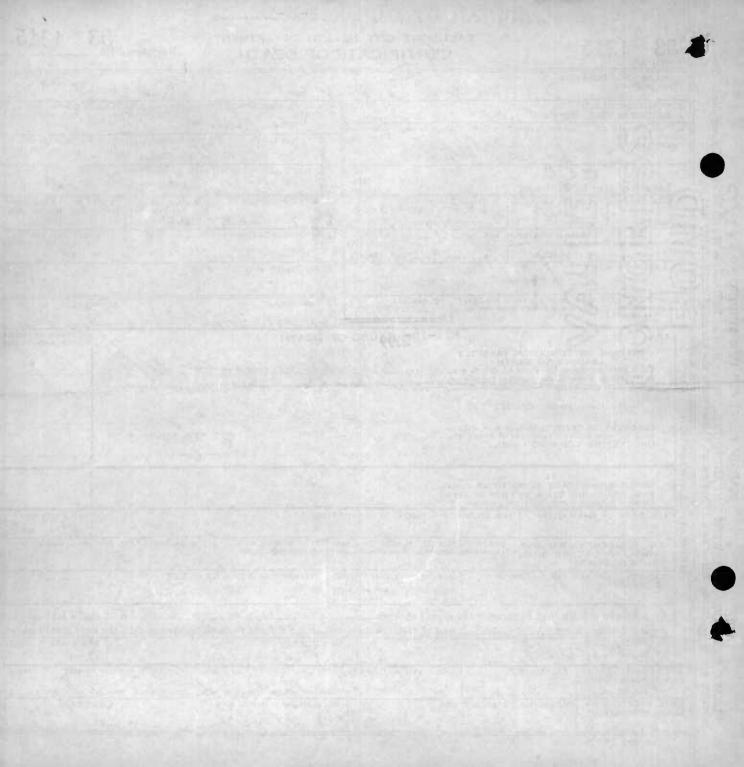
20. AUTOPSY (If in Baltimore City, give exact location) 1953 that I last saw the m. from the causes and on the date stated above.

12. CITIZEN OF

WHAT COUNTRY

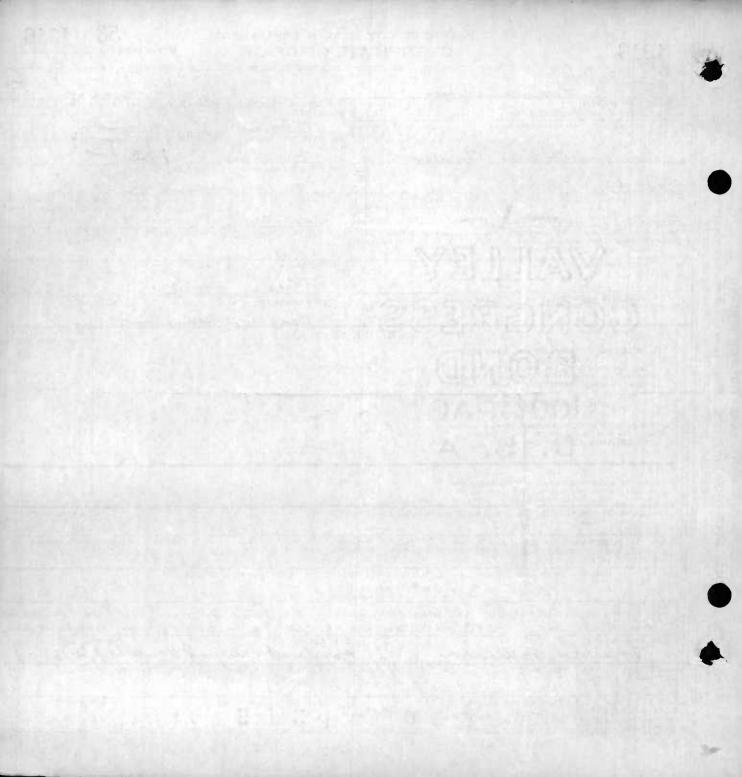


D	1	CERTIFICATE CORRECTEL	3-19-53	
12-	(BALTIMORE CITY HE	EALTH DEPARTMENT / 5	3 1315
0		OS 1315 CERTIFICATI		
T.		NAME OF DECEASED	10 DATE	
d.		n · · · · ·	- MAN. 2-6	-1953
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY	stitution: residence before admission)
dns	В.	FULL NAME OF (If not in hospital or institution, give street address or		mara-
lly		DISPITAL OR Jocation)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
	1	Yrs.	D. STREET ADDRESS (If rural, give/location)	300
68 88	C	Length of stay in Baltimore Mos. Days	3815- (Old Washington	Roal
be 1	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In Years If U	ndar 1 Year If Under 24 Hours
IDING information should be ca of death clearly and leg	N	male white WIDOWED (Specify)	May 19- 1884 68	hs Days Hours Min.
sho	10 work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
on	1	et - Ship Filter General shop Repaire	Sweden	a. 3.A.
NG rmati death	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11
orn	15	WAS DECEASED SUPPLIES AND ADDRESS OF THE PARTY OF THE PAR		
BINDING of inform uses of dea	(Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADI	DRESS
R BIN	-	no - 21276-3069	Charles Bergman, 40 S. Car	INTERVAL BETWEEN
FOR item		DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
F(LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Dron	chopneymoria. lett	lwk.
Every ite		heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	it failure.	
2		ANTECEDENT CAUSES		
RESERVED INK. Ever please write	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	raideal disease	
	OF.	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CVO, hyperlenen	
NI S	CA	(C)	<i>J</i>	••••
MARGIN UNFADING Physicians:	TIE	11		
MA	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
ÞÆ	U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
WITH tant.	AL	0		YES NO
Y, WITI	DIC	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		ve exact location)
npo	ME	CAUSE OF DEATH		
M N		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		
all		m. WHILE AT NOT WHILE AT WORK		
PPI	1	22. I hereby certify that I attended the deceased from 2	-3 , 19 53 to $2-6$, 19 53	that I last saw the
			rred at 500 9 m., from the causes and on the	date stated above. 23c. DATE SIGNED
WRI se is		Mouck b.	Stames Hours	2-6-53
PLEASE W	24	TA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		county) (State)
AS	_	Burnal 2/9/53 Holy Kedees	ner Ceneter Bottimore,	mangland
PLE	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
H 0	13	ERG 10E2 Hataton 19 warms	2 ni. Cook, Mc., 1217 fo	faul Street
-		VS 150	9.5217	
		30	120	



2/21	PATRIOK			
96 BALTIM	ORE CITY HEALTH	DEPARTMENT	F	3 1316
BIRTH NO.6	RTIFICATE OF	DEATH	Registered 1	
1. NAME OF DECEASED (Type or Print)			2. DATE	
Patrick Ona				-6-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. US	UAL RESIDENCE (WATE	here deceased lived. If B. COUNTY	institution : residence before admission
FULL NAME OF (If not in hospital or institution, g		Moryland	Bartin	
NSTITUTION	C. C.1		outside corporate limit	s, white RURAL and giv township
Maryland General Hospi	Yrs. O. STF	Bactimore REET ADDRESS (If r	ural gip lossion)	
Length of stay in Baltimore	Mos.	,		
SEX 6. COLOR OR RACE 7. SINGLE, MA		TE OF BIRTH		ff Under 1 Year If Under 24 Hours
Engle wildowers	DIVORCED (Specify)	17-84	last birthday) Me	onths Days Hours Min
A. USUAL OCCUPATION (Givekinder) 108 KIND OF	BUSINESS OR 11. BIR	RTHPLACE (State or for	reign country)	12. CITIZEN OF
done during most of working life, even if retired At Ho	INDUSTRY	1:46.000		WHAT COUNTRY
FATHER'S NAME	14. MC	THER'S MAIDEN NA	ME	1
Bulliones		Mary	-Unkno	wn
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INI	FORMANT	A	DDRESS/67 WST
No	7	Daughter 11-	5 Victora Polices	a ma Lowark
18. 493X	CAUSE OF DE	ATH		ONSET AND GEAT
DISEASE OR CONDITION DIRECTLY		No. of the last		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) Preumon	رص		
injury or complication which caused death.)	DUE TO			S N WILLIAM
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		•••••	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
	(C)	······	***************************************	
11		The second second		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	DINICE OF OPERATION			Lee Millerson
19a. DATE OF OPERATION 19B. MAJOR FIN	DINGS OF OPERATION			YES NO
		C. WHERE DID (II	in Baltimore City,	
CAUSE OF DEATH				
21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY WHILE		F. HOW DID INJURY	OCCUR?	
m. Wor			MEXIC II	
22. I hereby certify that I attended the dece				3, that I last saw th
deceased alive on 25, 1953, and	that death occurred at_		e causes and on t	he date stated abov
Lalule Baklian		land a ever	al Haspile	12/6/02
4A. BURIAL, CREMA- 24B. DATE 24C.	NAME OF CEMETERY OR C		CATION (City, town)	or county) (State)
Burel 2/9/53 21	eli bo Pooms	Lon 44:	30 Bolo	en RA.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	1. 1 25. FU	NERAL DIRECTOR	10-00	ADDRESS /
EER 6 1053 Huntington 3	1000 m	3/ABM	ray ciston	Hollins
Vs 150	11	The same	VI 4 JUVE	
	//	/		

MARGIN RESERVED FOR BINDING



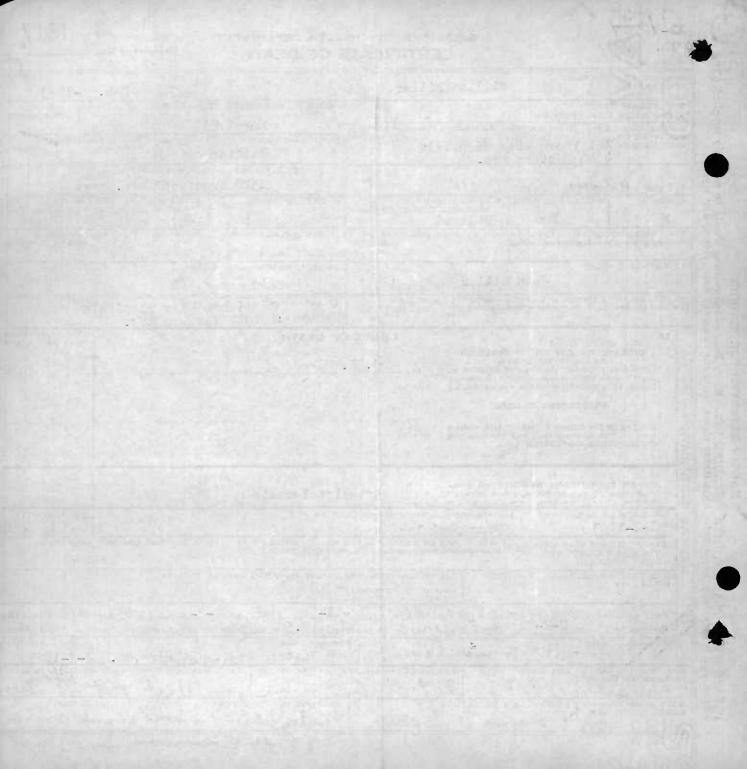
W	AB 465 970
-	53 1317 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	
	N	

1317 Registered No.

BIRTH	NO.						
(Type or	r Print)	ECEASED	William	Miller			eb. 2-1953
B. FULL	AL OR	ity, Maryland	v Hospi	on, give street address or location)		B. COUNTY nd If outside corporat) lim	If institution; residence before admission) its, write PERAL and give township)
c. Leng		ay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location) rentwood Ave	zone 2
5. SEX		6. COLOR OR RACE	7. SINGLE WIDOW Widow	, MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 68?	If Under 1 Year Ionths Days Hours Min.
10A. US work done d	UAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FAT	HER'S N		Miller	(D	14. MOTHER'S MAIDEN Maggie Jan		
15. WAS (Yes, no or	DECEASE unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANTI timo:	re City Hospi	ADDRESS
in	DISEAS This does eart failur jury or	E OR CONDITION LEADING TO DEA' not mean the mode of ee, asthenia, etc. It mea complication which of	TH f dying, e.g. ns the discase aused death.	(A) G. I	of DEATH Bleeding		INTERVAL BETWEEN ONSET ANO DEATH
TIFICATI	ISE TO THE	OR CONDITIONS, III HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	(C)			
Lil Ti	RIBUTING	GNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATE!	D Arte	riosclerosis		?
J 19A.	-2-19			FINDINGS OF OPER	RATION		20. AUTOPSY?
21A LYI	. ACCIDE	ENT WAS UNDER-	218. PLA	ondylar Amouts CE OF INJURY (e. s., i rm,factory,street,office bldg.,	n or 21c. WHERE DID	(If in Baltimore City,	
210.	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from 12-11-, 1952, to 2-2-, 1953, that I last saw the deceased alive on 2-2-, 1953, and that death occurred at 9.50P m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED							
DATE R LOCAL	MOVAL SI MOVAL SI RECEIVED REGISTE S 150	L 1/9/3	3	Mt Aurbu		LOCATION (City, tow West to Furence W	
					11770		THE C



51	346
he	BIRTH NO.
	A MANAGE OF D

MARGIN RESERVED FOR BINDING

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53 1318

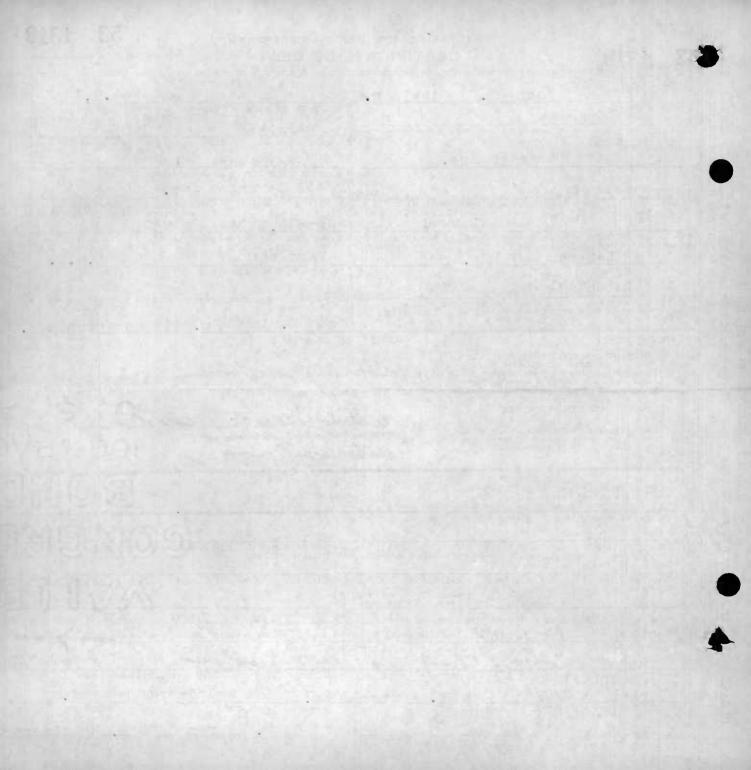
BI	RTH NO.			CERTIFICAT	E OF DEATH Registered No.	
1. (T	NAME OF D	ECEASED	- 35		2. DATE	
, ,			s Marg	garet stuch	or DEATH 2/4/53	
	PLACE OF D				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission	
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					
HO	STITUTION			location	C. CITY OR TOWN (If outside co porate limit, with RURAL and give	
16 N. Lakewood Ave.				l Ave.	Baltimore township	
	V. =			Yrs.	D. STREET ADDRESS (If rural, give location)	
C.	Length of s	tay in Baltimore		Lif'e Mos.	16 N. Lakewood Ave.	
5.	SEX	6.COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Yes If Under 24 Hour	
	Female	White	Mar	ried (Specify	3/4/1884 last birthday) Months Days Hours Min	
10.	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
	Heusew				Maryland What COUNTRY U.S.A.	
13	. FATHER'S N				14. MOTHER'S MAIDEN NAME	
	Mich	ael Dexel			Catherine Welsh	
15	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT ADDRESS	
(r cs	n or unknown)	(If yes, give war or date	of service)	SECURITY NO.	710071200	
1	10 /			none	Andrew J, Stuehler 16 N. Lakewood Ave	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) DUE TO				Throbe la des Osses.	
FICATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	ANY, GIVIN	G (B)	manay Dedona 3day	
RTI	OTHER SIGNIFICANT CONDITIONS CON-					
CER	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D	4.00	
CAL	19A. DATE O	F OPERATION DI	9в. MAJOR	FINDINGS OF OPE	RATION 20. AUTOPSY?	
9	218. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or 2 fc. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OF DEATH About home, farm, factory, street, office bldg., etc.)					
Σ.						
	OF INJURY WHILE AT NOT WHILE					
	22 Thomaha	e annitter that I all	m.		147, to fel , 195 3 that I last saw th	
m. WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 147, to Tell, 1 leceased alive on 1931, and that death occurred at 157 m., from the causes and control of the causes are control of the causes and control of the causes are caused as a control of the causes are control of the causes are caused as a control of the						
	23A SIGNAT		7		38. ADDRESS 23c DATE SIGNED	
	a live	1 . 1.	Kors	h-1 M.D.	2939 me electron 2/6/5-	
72.4 TI	4A. BURIAL. CON. REMOVAL	REMA- 24B DATE	2	24c. NAME OF CEMETE		
	Buria	1 2/9/53	V	Moly Rede	emer Cem. Baltimore Md.	
	ATE RECEIVE	D'BY REGISTRAR'S	SIGNATU		25. FUNERAL DIRECTOR ADDRESS	
1	EB PEGIST	153	130	SIND ME	John A. Meran 3000 L. Baltimere	



The T	
illy supplied.	
TO PLA Y, WITH UNFADING INK. Every item of information should be constitution. The Specially important. Physicians: please write the causes of death clearly and leg	
PLA Y, WITH UNFADING INK. ecially important. Physicians: please	

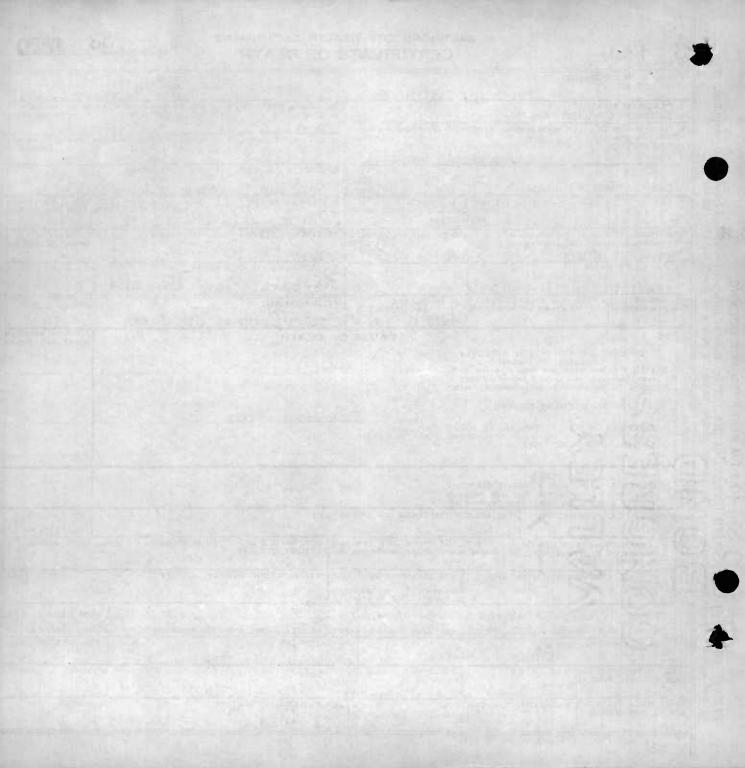
	53	1319
Registered	No	

400 53 _{7H N} 1319	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	53 1319 Registered No.		
1. NAME OF DECEASED (Type or Print) Jehn H.	Riehl Sr.		2. DATE OF DEATH Feb.4,1953		
S. PLACE OF DEATH: A. Baltimore City, Maryland	TILOHI OI	4. USUAL RESIDENCE (W	Where deceased lived. If institution, residence		
B. FULL NAME OF (If not in hospital or instit	ation, give street address or	A. STATE Marvland	B. COUNTY Core admission		
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If	outside corporate limits, write RURAL and give		
3444 Leverten A		Baltimer			
c. Length of stay in Baltimore 116	Yrs. Mos. Days	b. street address (If 3444 Leverter	n Ave.		
Male White Wipo	wed, divorced (Specify)	June 2.1874	9. AGE (In years II Under I Year If Under 24 Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12. CITIZEN OF WHAT COUNTRY		
Retired Laborer Mfg		Maryland	U.S.A.		
Adolph Ruchl		14. MOTHER'S MAIDEN NA	AME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
? ? ?	? ?	John H.Richl J	Tr. 3444 Leverten Ave.		
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED hus	ipe			
19A, DATE OF OPERATION - 1 19B, MAJO	R FINDINGS OF OPER	ATION	20. AUTOPSY?		
LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in , farm, factory, atreet, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?		
22. I hereby certify that I attended the deceased from 7-1, 1944 to 2-4, 1953 that I last saw the deceased alive on 2-4, 1953, and that death occurred at 5 pm., from the causes and on the date stated above. 23A. SIGNATURE Sold Gold Gold A.D. 14 N East acr 23G. DATE SIGNED 23G. DATE					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24c. NAME OF CEMETE	De			
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR FFB 6 1959 VS 150	Mt. Carmel	25. FUNERAL DIRECTOR	Itimere Md. Address ran 3000 E. Raltimere		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) ly supplied. Freeland, Allen LeRoy February 6. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institutions residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland (If outside corporate limits, write to RAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 5302 Hamlet Avenue Days should be 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death clea hemical ENG. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Darbara Dareham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 530 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO 13-14-765 INTERVAL BETWEEN Every item 18. 593X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Uremia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. Glomerulonephritis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTIF П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK WORK 22. I hereby certify that I attended the deceased from January 21, 1953 to February 6, 1953, that I last saw the 1953. and that death occurred at 8:10 am., from the causes and on the date stated above. deceased alive on Feb. 6 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 11,00 N Caroline Street 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE BILLYIA DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 305 VS 150

township)



	should
BINDING	VP 'E PLA LY, WITH UNFADING INK. Every item of information should
FOR	item
RVED	Ever
RESE	INK.
MARGIN RESERVED FOR BINDING	UNFADING Physicians.
	WITH
	LY,
	E PLA
	A A

R

Ш

U

MEDICAL

P5	3	5/0 1321)			EALTH DEPARTME E OF DEATH	:NT Registered'n	i3 132i
ully supplied. Ty.	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or HOSPITAL OR			Baltimo	give street address or	or Md . c. CITY OR TOWN (If outside corporate limits, write A)RA		before admission)
should be carly and le col	c. Length of stay in Baltimore Tife S. SEX 6. COLOR OR RACE White 10A. USUAL OCCUPATION (Give kind of work domed during most of working life, even if retired) At Home 13. FATHER'S NAME Yrs., Mos. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 10B. KIND OF BUSINESS OR INDUSTRY			d. STREET ADDRESS 4807 Gwynn 8. DATE OF BIRTH	Oak Ave. 9. AGE (in years Moy 21 Moy	Under I Year If Under 24 Hours nths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?		
y item of the causes	15 (Yes	NO 18. 420 DISEAS	O O I DEADING TO DEAD	DIRECTLY	6. SOCIAL SECURITY NO. None	17. INFORMANT	wathlington ap 4807 Gwynn	Oak Ave.
INK. Ever please write	ICATION	heart failu injury or DISEASES RISE TO TI	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	ns the disease, aused death.) ES ANY, GIVING STATING THE	(B) HYPER	tensire arter art direcce	ivelevti	ser'l. years
Every item of information should write the causes of death clearly an	10 work 13 15 (Yes	emale A. USUAL OC A done during most At Hom B. FATHER'S N Captai WAS DECEASE NO 18. 42 Object (This does heart failuinjury or	White CUPATION (Give kind of of working life, even if retired) BY AME DEVER IN U. S. ARMEE (If yes, give war or date) SE OR CONDITION LEADING TO DEAT not mean the mode or e, asthenia, etc. It mean complication which completely a completely with the completely completely completely with the completely com	7. SINGLE, I WIDOWEL Sing. 10B. KIND O D FORCES? of service) DIRECTLY H f dying, c. g., as the disease, aused death.) ES	MARRIED. D. DIVORCED (Specify) 1e F BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO. None CAUSE (A)	8. DATE OF BIRTH 2-17-1861 11. BIRTHPLACE (State Baltimore 14. MOTHER'S MAIDE Mary Ann 17. INFORMANT Rida M. Pom	9. AGE (In years last birthday) 91 e or foreign country) Mo N NAME Wathlington	DDRESS Oak Ave

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

NOT WHILE

WORK AT WORK

22. I hereby certify that I attended the deceased from Oct

and that death occurred at 10:50 Am. deceased alive on_ 23A, GIGNATURE

24c. NAME OF CEMETERY OR CREMA

21c. WHERE DID INJURY OCCUR?

240. LOCATION (City, town, or county)

from the causes and on the date stated above. 23c. DATE SIGNED

1959 that I last saw the

20, AUTUPSY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE

Greenmount Cemetery

21F. HOW DID INJURY OCCUR?

Baltimore Md.

(If in Baltimore City, give exact location)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

VS 150

4600 Liberty Heights Ave.

continuos de la continuo de la conti . We other her har THE RESERVE AND ASSESSED. A THE LEADING The second state of . ava deu manne Youk gome . M ab Ed Sign deep war vary and the contract of THE STREET PROPERTY OF

1. PLACE OF DEATH: Balting How long in above place of death? Hospital, institution, or street address where death occurred: now long in hospital or institution?..... 3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

13. Birthplace

2 15. Birthplace

(Date rec'd by registrar)

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

OLICITIE TOTAL	L			Reg. Dist. No.	••••	10040
and give nearest town)	2. USUAI. PE (For newh State	624	county	write RURAL and give	nearest town))
	11		1	3. (b) Social Secur	ian Mumban	
4						

Ida O. Wingste

6.(b) Name of husband or wife.....

Baltimore

Years

36

and that I tast saw h . L. ... alive on ...

DURATION

22. VIOLENCE: It death was due to external causes, titl in the tollowing;

MEDICAL CERTIFICATION Thursday

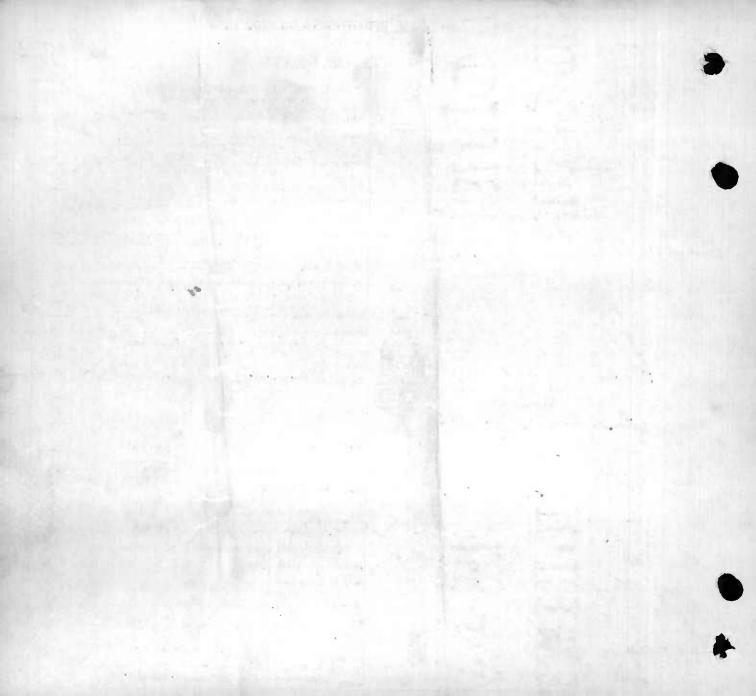
(Include pregnancy within 3 months of death) Major findings of operations....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Where did injury occur?(City or town)

Injured at home, tarm, Industry, public place (where?) tnjured at work?

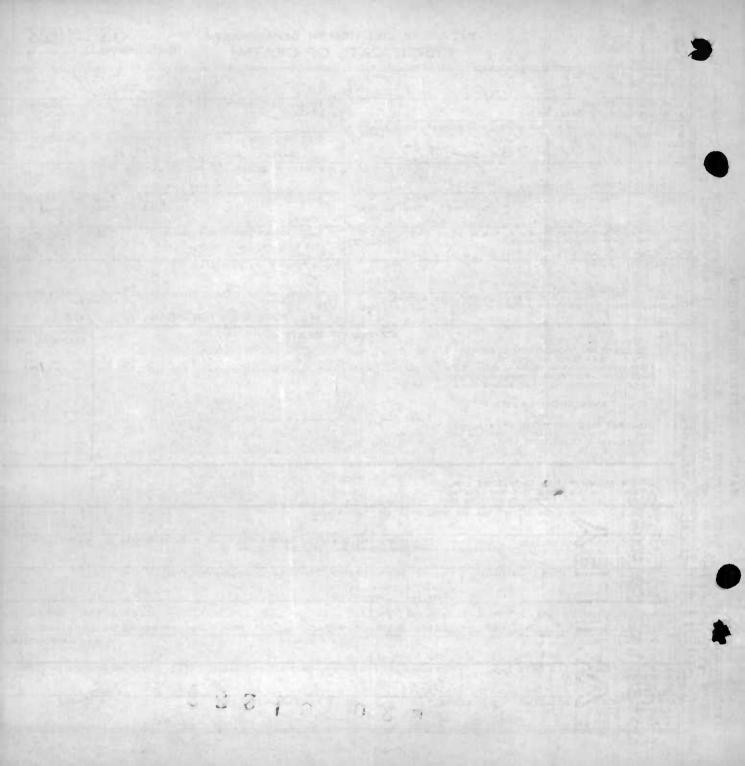
Maans of Injury



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USBAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limit C. CITY OR TOWN write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) ndowed 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 20.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO YES DIC 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from_ ., that I last saw the 19 5 3 and that death occurred at 7 io 5 m., from the causes and on the date stated above. deceased alive on 2 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE WR 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR b

VS 150



N RESERVED FOR BINDING	. Every item of information
FOR	y item
SVED	Ever
RESEF	INK.
MARGIN	WITH UNFADING INK.
	WITH

	1 50
10/2	(D) 721
100	Legisland

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	53	1324	
regiorgien	THE CONTRACT		-

В	RTH NO.				
1. (T	NAME OF DECEASED ype or Print)	GY 14. 2. DATE OF TOLO 3.	4 1952		
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If instit			
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	before admission)		
H	SSPITAL OR location)		ite KUKA and give		
	Anderson Norsing Home	Baltimore 15	(township)		
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	150		
	Length of stay in Baltimore Days	1 7007 Ridgewood the	13		
F	emale White Widowed (Specify)	May 3, 1866 9. AGE (In years last birthday) 86 yrs	Days Hours Min.		
10 worl	A. USUAL OCCUPATION (Give kind of dopeduring most of working life, even if retired) INDUSTRY		CITIZEN OF		
-	Housewife At Home	Ge 7 m any	7.5.		
13	FATHER'S NAME Johann Elise Annaker	14. MOTHER'S MAIDEN NAME			
15		Unknown			
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or maknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRI			
		Mr. Harry A. Grimm, 4002 Ridgewo	NTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	lyemia	6 405		
	heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)		0 11103		
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	osclerotic càrdio vascuby disease	10yeàrs		
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
CA			YES NO W		
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (If in Baltimore City, give etc.)	exact location)		
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY				
	m. WHILE AT NOT WHILE AT WORK				
	22. I hereby certify that I attended the deceased from ICC	15, 1957, to Feb 4, 1953th	at I last saw the		
	deceased alive on 19 4, 19 3, and that death occurred at 11:00 Pm., from the causes and on the date stated abov				
	Millard Tillabord M.D.	3400Woodbinethe, Batt, 7199 2	1/4/53		
TI	NA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		ounty) (State)		
_	Buriel Feb. 7, 1953 Loudon Park		200		
	FEB 6 1953 Huntington 5 100 A 17	123 FUNERAL DIRECTOR ADDITION Libert	DRESS by Heights		

ully supplied.

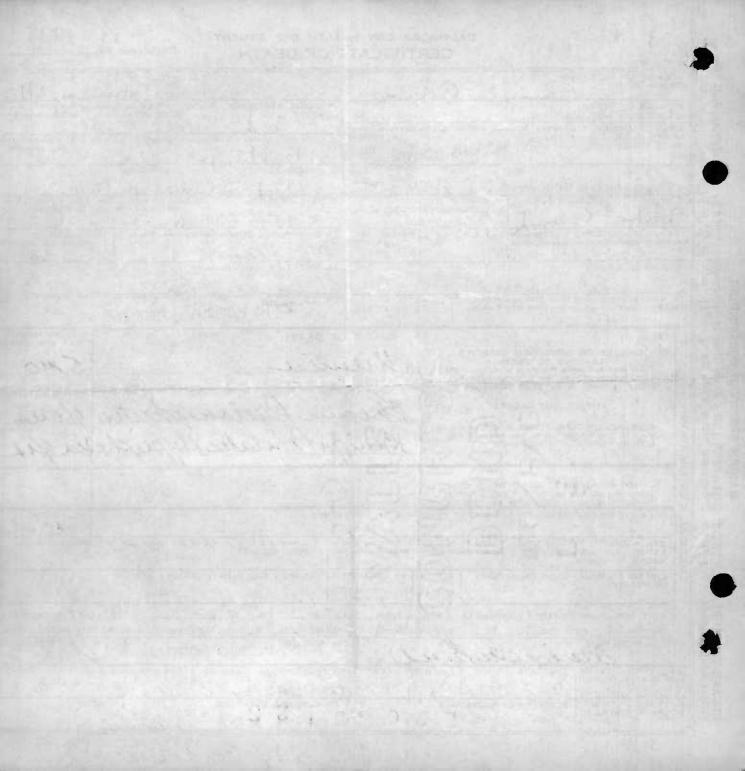
WITH

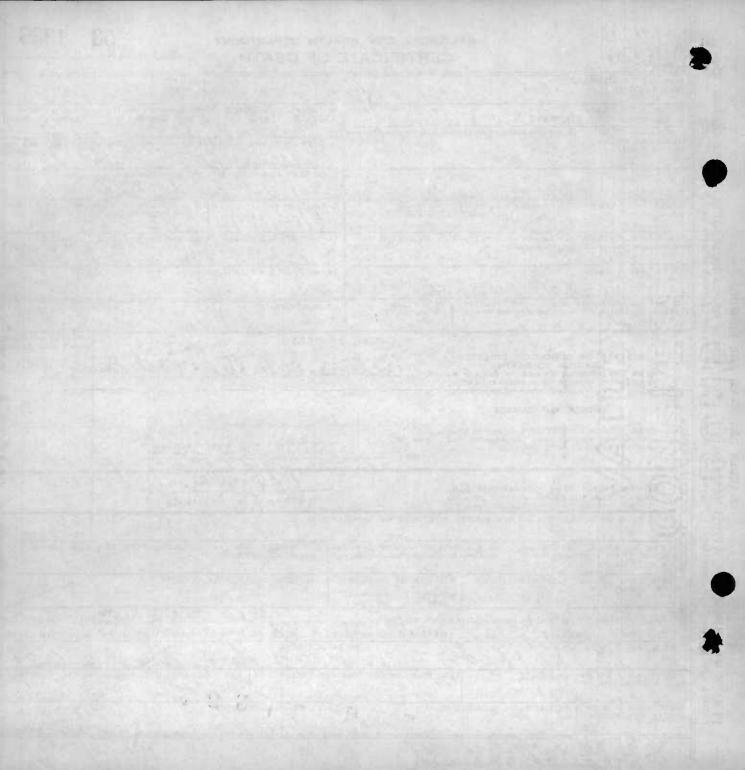
PLEASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR JOHNS HOPKINS HOSPITA location (If outside corporate limits, C. CITY OR TOWN vrite LURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4KW c. Length of stay in Baltimore Days early and le SINGLE, MARRIED H Under & Year 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In ye WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. 10a. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s s of death clear Laboren 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no of unknown) (If yes, give war or dates of service) HOPKINS HOSPITAL SECURITY NO. Every item 18. 600.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\bar{\mathbf{0}}$ 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If In Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK , 1953, that I last saw the 22. I hereby certify that I attended the deceased from 11-26 2-3 1957, to 19 53, and that death occurred at_ deceased alive on_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. 10HNS 24A BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150





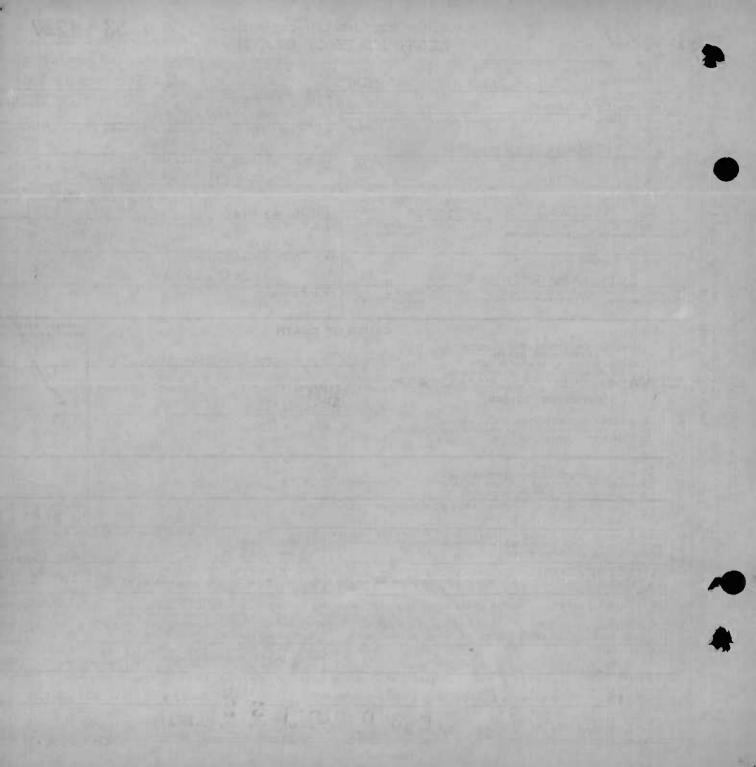
253	
0 1061	
BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1327.

BIRTH NO.	1		CERTIFICAT	E OF DEATH	Н	Register	red No	2 (2)	
1. NAME OF (Type or Print)	RNARD	McINT			2. DATE OF DEATH F	ebruar	у 3,	1953
A. Baltimore	DEATH: City, Maryland			A. STATE	_ ~	nere deceased liv	ed. If instit	ution: r	esidence admission
BIRTH NO. 1. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: A Baltimore City, Maryland S. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital C. Length of stay in Baltimore S. SEX C. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED		ite RUR.	AL and giv township						
		ospita.	Yrs.	D. STREET ADDRE	ESS (If r	ural, give location		+al	
			E. MARRIED.	8. DATE OF BIRTH	1	9. AGE (In year last birthday	rs If Under	l Year	f Under 24 Hour Iours Min
10A. USUAL	OCCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (S			12.	CITIZE	N OF COUNTRY
					IDEN NA	ME			
Sy	lvester McIn	ityre		Viol	let L	avis			1
15. WAS DECE	ASED EVER IN U. S. ARMEI	FORCES?		17. INFORMANT			ADDR	ESS	
Z DISEA: O RISE TO UNDER	wilure, asthenia, etc. It mes or complication which of ANTECEDENT CAUSE SES OR CONDITIONS, I THE ABOVE CAUSE (A)	the disease death SES F ANY, GIVIE STATING T	(B) Acute						
TRIBUT	SIGNIFICANT CONDI ING TO THE OEATH, BUT OISEASE OR CONDITION	NOT RELAT	ir. Syncop	e due to ane	sthesi	a		***************************************	
	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION				20. AL	JTOPSY'?
UNDERLY UTING T		about home,	ACE OF INJURY (e.g., farm, factory, street, office bldg., ospital 21e. INJURY OCCURR WHILE AT NOT WHILE AT WORK	University	y Hosp Injury ue to	occur? anesthes	d & Gr	eene	Sts.
the	tify that I took char evidence obtained by death in my opinion	said Aut	opsy. Inspection or	Inquiry, find that $s \square$, accident \square ,	said des	nspection or Inceeased dicd of, homicide	quiry on the do	ay star termin	ed L.
23A. SIGN	Willia 11	Lord	* N	23B. CHIEF ME ASSISTANT ME 1.D. MEDICAL INVE	EDICAL E EDICAL E ESTIGATO	XAMINER X XAMINER X	23c. D.	ate sid lary	SNED
Remoti	ral Feb.6		2 C. NAME OF CEMETE		Beck	ley, We	st Vi	rgin	
DATE RECEI	VED BY REGISTRAR	SSIGNATE	JRE TO S	25. FUNERAL DIR	ECTOR	illine	1 O O C	DRESS	1

VS 151 1 - 999. 2

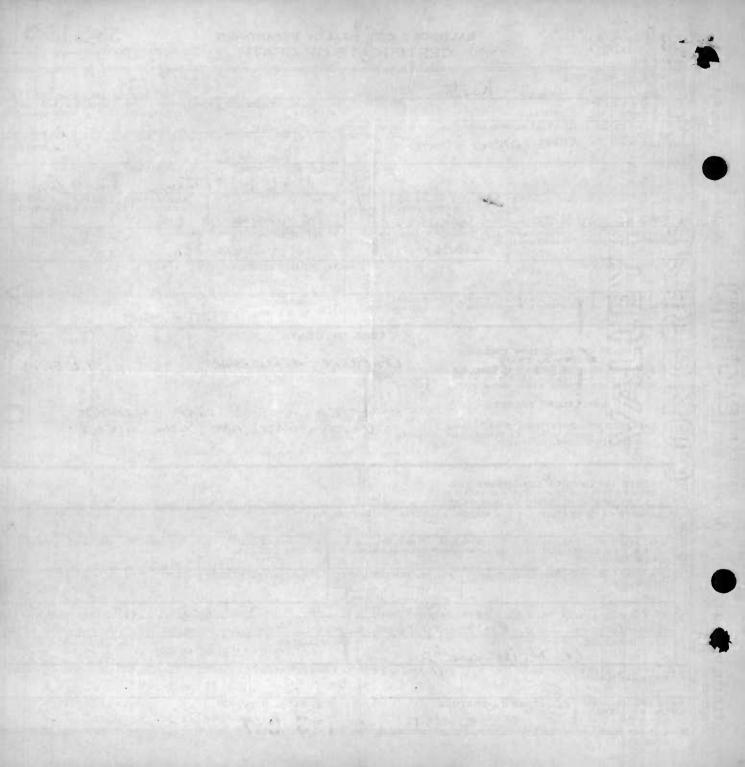


K	
illy supplied.	
I UNFADING INK. Every item of information should be con ally supplied. The	ite the causes of death clearly and leg
UNFADING INK. E	Physicians: please w

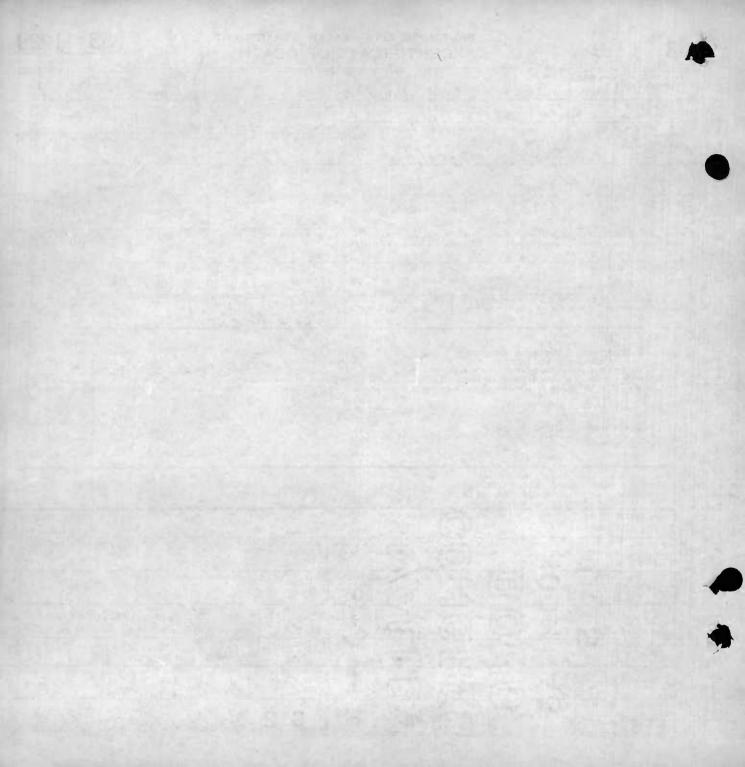
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) Kostom OF W mm DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Wak 30 c. Length of stay in Baltimore DEX 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 0-4-84 Williames 10A. USUAL OCCUPATION (Givakindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, aven if retired) INDUSTRY Housewife Falls Church, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. IOHNS HOPKINS HOSPITAL 18. 442X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CEREBRAL HEMORRYAGE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES IN HYPERTENSIVE AND ARTERIO SCLAROTIC ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING BARDIO VASCULAR REVAL DISEASE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 1-24 1953, to 2-5 deceased alive on

Registered No. B. COUNTY (If outside corporate limits wate RUBAL and give AGE (In years | H Under | Year | H Under 24 hours | Hours | Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY ., 1953, that I last saw the 23c. DATE SIGNED

(If in Baltimore City, give exact location) 1953, and that death occurred at 750 Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS IOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 246/NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE 2-9-53 Mt. Carmel Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Philip & Cwach 2716 E. Monument St. VS 150



Il Undar 24 Hours

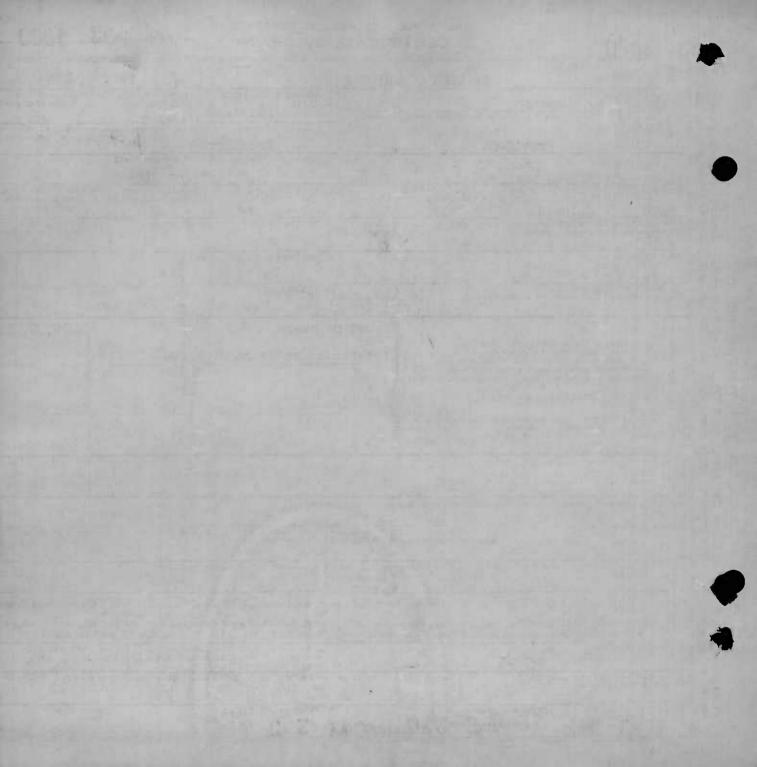


V S 151

BALTIMORE CITY HEALTH DEPARTMENT

1303 Presstmen st

425 BERTHINGSO		EALTH DEPARTMENT	Registered 30	1330
1. NAME OF DECEASED (Type or Print)	CHARLES & WILSON		OF Peb.	3, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE Marvland	here deceased lived. If lns	titution : residence before admiss
HOSPITAL OR INSTITUTION	or institution, give street address o location nt Hospital		outside corpora e limits, v	write RURIL and towns
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years list birthday) Mont	der I Year H Under 24 hs Days Hours I
Male Colored 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1:	2. CITIZEN OF WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MATDEN NA	AME 1	U.S.A.
15. WAS DECEASED (EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates of		17. INFORMANT	ADD ADD	RESS
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSE Z DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	dying, e.g., s the disease, used death.) Arter: (A) Arter: (B)	iosclerotic cardio	vascular dises	15e
OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION OF	OT RELATED			
	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPS
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., about home, ferm, factory, street, office bldg.,	in or 21c. WHERE DID (In otc.) INJURY OCCUR?	f in Baltimore City, give	e exact location)
2 1D. TIME (Month) (Day) (Year) (IOF INJURY	WHILE AT NOT WHILE		OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry there Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased dicd on the day and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undeters				
23A. SIGNATURE	5.0.	238. CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINER	DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Remove 7.	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or	county) (Sta
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	1delsen	DDRESS



BALTIMORE CITY HEALTH DEPARTMENT

1004

Edwordson ave

	BI	IRTH NO.	ERTIFICATE	OF DEATH	Registered No.	7 1901
d. 7		NAME OF DECEASED Parrot Type or Print) Henny Comma	ton		2. DATE OF DEATH FELMIN	um 5,1953
supplied	Α.	Baltimore City, Maryland	6	4. USUAL RESIDENCE (itution: residence before admission
fully su	H	FULL NAME OF OSPITAL OR USTITUTION JOHNS HOPKINS HOS	location)	c. CITY OR TOWN (I	f outside corporate lim(t), w	rit ULA and giv township
egibl		Length of stay in Baltimore /0	Yrs. Mos. Days	237 mal	law Hill	Rd.
y and	1	male White man	DIVORCED (Specify)	8. DATE OF BIRTH 2 - 22 - 185	last birthday) Month	s Days Hours Min
on she	work	k done during most of working life, even if retired) Truck	Dary	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF WHAT COUNTRY
information should be of death clearly and l		Stephen Compton		Eliza Ve	MAME,	0
44	15 (Yes	WAS DEFEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT H	OPKINS HOSPITAL	RESS
ry item of in		18. 420.1 DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
Every it write the		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Thulad	inforción	yecarelial	12 hour
-		ANTECEDENT CAUSES	Onderi	erclentie Co	relevenseela	
NG INK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)	die		? 240.
WITH UNFADING rtant. Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Emplyeens	, brushiel as	Alema, preces	renio-
	CAL	0	NDINGS OF OPERA			20. AUTOPSY7
LY, WITH important.	MEDIC		OF INJURY (e. g., in a factory, street, office bldg., etc		If in Baltimore City, give	exact location)
Ily in	-	OF INJURY WHI	LE AT NOT WHILE	21F. HOW DID INJUR	Y OCCUR?	
E PLA		22. I hereby certify that I attended the de	ceased from 2	2-2, 1953, to ed at 940 m., from	2-5, 1953, t	hat I last saw th
W. Z. es	-11	23A. SIGNATURE CLOUD No.		B. ADDRESS HOPKII	2	date stated above
6.0	24	4A. BURIAL. CREMA- 24B. DATE 246		Y OR CREMATORY 24D. L		obunty) (State)

25. FUNERAL DIRECTOR

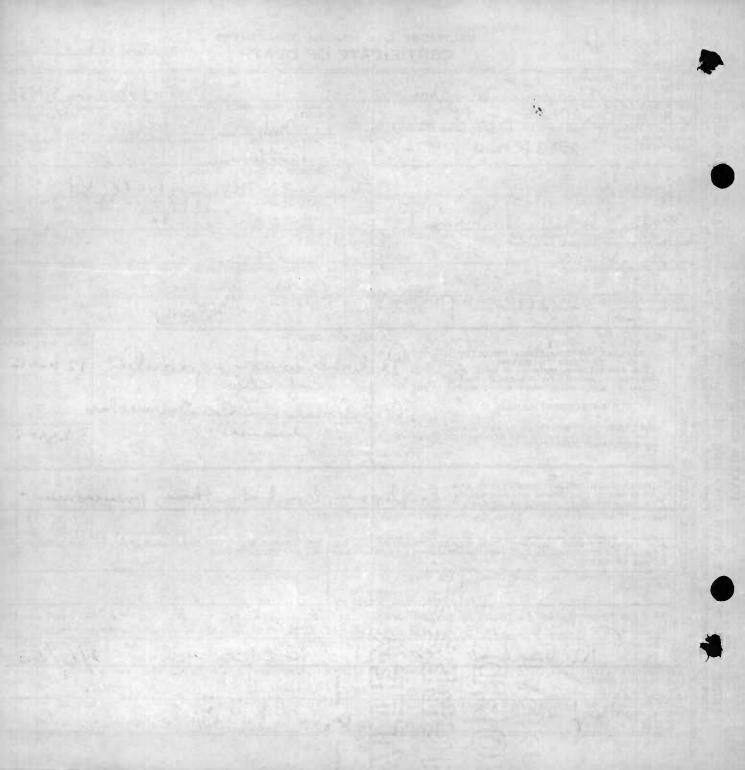
PLEASE W

MARGIN RESERVED FOR BINDING

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1332

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JAMES E. NEWKIRK	2. DATE OF Feb. 5, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	
154 N. Linwood Avenue	Baltimore (5 township)
Yrs Mo	
c. Length of stay in Baltimore L110 Day 5. SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	
M Widower Widower	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 81 May 20, 1871
10A. USUAL OCCUPATION (Give kind of the line of the li	11. BIRTHPLACE (State or foreign country) Pry Baltimore, Md. 12. CITIZEN OF USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E. Newkirk	Sarah E. Hynson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) NO NO	Miss Clara V. Davis
LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON-	Jonandial damage Unknown Jeris - Selevosis Unknown
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OP	
U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bid	
21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUP OF INJURY WHILE AT NOT WHI	LET
22. I hereby certify that I attended the deceased from	in . 21, 19 Sto Febr. 5, 1953 that I last saw the
deceased alive on , 19 3, and that deathoco	curred at 1/9.m., from the causes and on the date stated above.
23A. SIGNATURE Thili hert artigiani M.D.	238. ADDRESS 2942 E. Fayetts & 2/6/53
	TERY OR CREMATORY 24D. (OCATION (City, town, or county) (State)
burial 2/9/53 Baltimore	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.



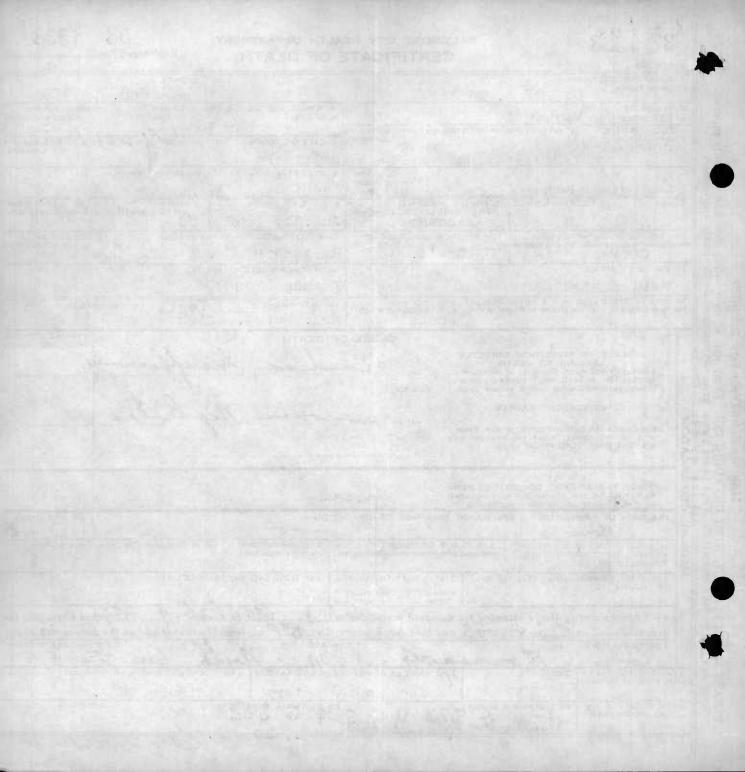
	5
	E.
MARGIN RESERVED FOR BINDING	UNFADING INK. Every item of information should be cally supplied. Physicians: please write the causes of death clearly and legibly.
FOF	y iter
RVED	Ever
RESE	INK.
MARGIN	UNFADING Physicians:

	5	
	ally supplied.	
Difference of the property of	UNFADING INK. Every item of information should be a ully supplied. T.	write the causes of death clearly and legibly
THE PROPERTY AND PROPERTY	UNFADING INK.	Physicians: please

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1333 Registered No.

supplied. T	1. NAME OF DECEASED (Type or Print) GEORGE M. STREEPER 3. PLACE OF DEATH:	2. DATE OF PED. 4, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
ldd	A. Baltimore City, Maryland	A. STATE B. COUNTY Before admission)
ns	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
ully y.	INSTITUTION	c. CITY OR TOWN (If outside cortonte limit, write HURAL and give township)
-	2201 Cecil Avenue	Baltimore
gilg	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
e e	c. Length of stay in Baltimore Life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	
d b	WIDOWED, DIVORCED (Specify)	last birthday) Months; Days Hours; Min.
should be carly and legibl	M Widower	Aug. 31, 1860 92
on shou	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?
	Office US Gov't.	
death death	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rm	Charles Streeper	Amanda Lyon
nfc	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE	Mrs. Wm. Z. Knight
Every item of i	0 000	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
INK.	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Romine Neghritis.
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
hel	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
LY, WITH	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
>	OF INJURY OF INJURY	
E PL	deceased alive on Feb. 4. 1953, and that death occu	red at 8 cm., from the causes and on the date stated above.
E Wage n	Chilhun C Monningly M.D.	800 & North are Feb 5, 53
	burial 2/7/53 Woodlawn	Cemetery Baltimore, Md.
PLEAS correct	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	HENRY SANDER SONS, INC. ADDRESS
	VS 150	Sean! James



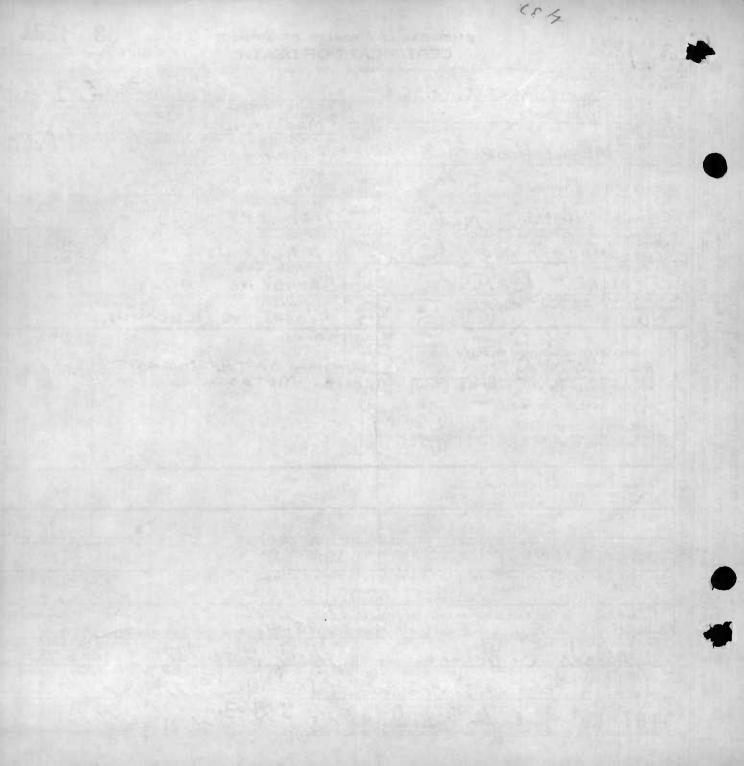
0	1200
rhe	53 136 BIRTH NO.
ed.	1. NAME OF DI (Type or Print)
supplie	A. Baltimore C
ly su	B. FULL NAME HOSPITAL OR INSTITUTION
0	3 7
se ca	c. Length of st
should be	FEMALE
	10A. USUAL OCC work done during most o
ion cl	13 FATHER'S N

VS 150

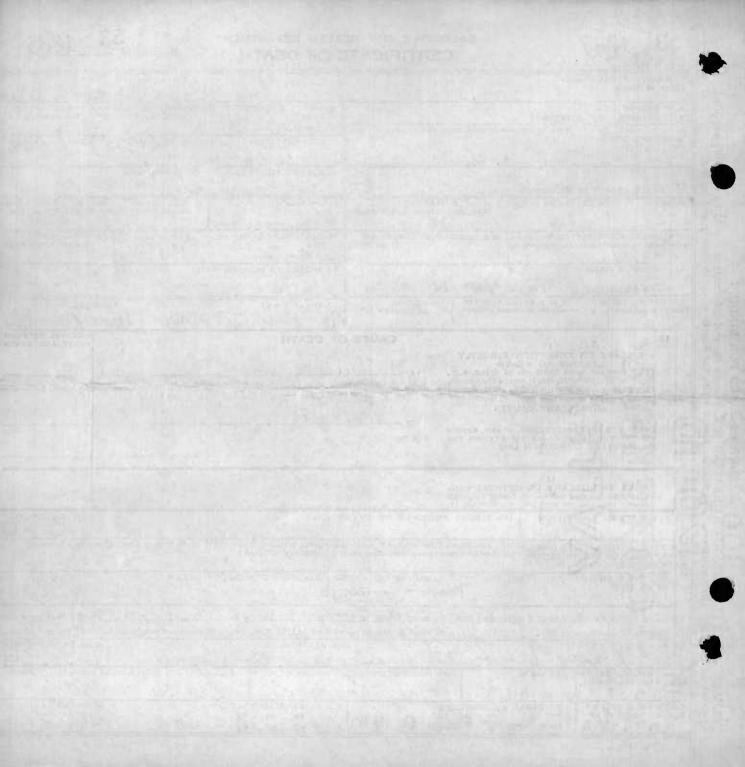
BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

1334 53 Registered No.

B	RTH NO.	E OF DEATH				
1. (T	NAME OF DECEASED MARIEGLASEY	2. DATE OF DEATH FEB 1, 195				
3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence as A. STATE B. COUNTY before ad				
В.	FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND AN	,			
	OSPITAL OR location)	C. CITT OR TOWN (II dutate corporate mine, write motor)	and give			
3	MERLY HOSPITAL	DALTIMORE	W 12011) [1			
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
· Parliament	Length of stay in Baltimore Days	4636 YORK COURT MY				
	EMALE WHITE MARRIED (Specify)	7-Z1-1889 9. AGE (In years It Under I Year last birthday) Months: Days Hour	ler 24 Heurs			
10	A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR doneduring most of working life, even iretired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN C	F			
	HOUSEWIFE - RETIRED	MARYAND WHATCO	3.			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	YATRICK J. ICEILLY	CATHERINE FAHEY				
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL s, no of nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
(10	s, no of nnthown) (II yes, give war or dates of service) SECURITY NO.	HOSPITAL KECORDS				
	18. 170X . CAUSE (OF DEATH INTERVAL B				
	DISEASE OR CONDITION DIRECTLY	ONSET AND	DEATH			
	(This does not mean the mode of dying, e.g., (A) (ARC)	NOMA OF THE BREAST YEAR	S			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ITH METASTASES	*****************			
	ANTECEDENT CAUSES					
Z	(B)					
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
I A	UNDERLYING CONDITION LAST.					
FIG			THE THE PAGE IN			
RTI	OTHER SIGNIFICANT CONDITIONS CON-					
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 120. AUTO	PSV1			
AL		YES	NOX			
5	21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., In	n or 21C. WHERE DID (If in Baltimore City, give exact locati	on)			
H	LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., e	etc.) INJURY OCCUR?				
Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
	OF INJURY WHILE AT NOT WHILE					
	m. WORK AT WORK					
	22. I hereby certify that I attended the deceased from 1-31, 1933, to 2-5, 1933, that I last saw the deceased alive on 2-5, 1953, and that death occurred at 5:50 m., from the causes and on the date stated above.					
		234. ADDRESS 23C. DATE S				
	Joseph ,/ Michels M.D.	Mercy Mospetal 2-5-5.				
2.	4A. BYRIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or county)	(State)			
TI	Bungal Fet 9 1953 new Cathe	dral Booto hed				
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
L	CAL REGISTRAR 1 Huntington Fallequie 165	HYV Dans to 4905 Usan Rd				



N	+	150 53 1235 BALTIMORE CITY HI	EALTH DEPARTMENT 53	1335							
4	В	BALTIMORE CITY HEALTH DEPARTMENT OF STREET OF DEATH Registered No. 1335 CERTIFICATE OF DEATH									
fully supplied.	1.	NAME OF DECEASED Type or Print) Navin, Baby Boy	2. DATE OF DEATH Februa	ary 5, 1953							
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	titution : residence before admission							
lly su	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		Tite RU tAL and give township							
bly.	4	St. Joseph's Hospital	Baltimore D. STREET ADDRESS (If rural, give location)								
legibly.	c.	Length of stay in Baltimore Mos. Days	1605 Homestead Street								
NDING information should be s of death clearly and l	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Single	8. DATE OF BIRTH 9. AGE (in years) If Und	er I Year If Under 24 Hours ns Days Hours Min.							
n shou learly	1C worl	DA. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY							
ation th c	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
NG orma		Edward Jos. NAVIN	Marie								
FOR BINDING y item of inform the causes of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (a, no or unknown) (If yes, give war or dates of service) SECURITY NO.		RESS /							
BIL of uses	-	18. M/ A F	Mr. Edw. J. NAVIN - 160.	INTERVAL BETWEEN							
FOR I		18. 762,5 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY									
		LEADING TO DEATH (This does not mean the mode of dying. e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
RESERVED F INK, Every please write th	F										
K. se	7	ANTECEDENT CAUSES	aturi ty								
RESEI INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	of the sound of th	•••••••••••••••••••••••••••••••••••••••							
775		UNDERLYING CONDITION LAST. (C)									
MARGIN NFADINC	RTIFIC	II									
MA NF.	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED									
		TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20, AUTOPSY?							
WITH rtant.	CAL			YES NO X							
TE PL LY,	MEDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give otc.) INJURY OCCUR?	e exact location)							
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK									
		22. I hereby certify that I attended the deceased from Fe	bruary 4, 1953, to February 5, 19 53	that I last saw th							
		deceased alive on Feb. 5, 19,53, and that death occur	rred at 10:05pm., from the causes and on the	date stated above							
		23A. SIGNATURE Louis a. Fritz M.D.		Peb. 6. 1953							
age v	2	4A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 240 LOCATION (City, town, or								
PLEASE correct ag		Burial 218153 Holy he	deemen DALIO 1	VICI							
PLI	DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR THE	25. FUNERAL DIRECTOR S305 H	arford Pd							
	-30	VS 150		1							



V-	C. BI	53 1336 BALTIMORE CITY HE CERTIFICATE CERTIFICATE		Registered 53 1336
ed. Th	1.	NAME OF DECEASED Sallye Hamburger VanHasselt		2. DATE OF DEATH Feb 5.1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	nere deceased lived, if institution; residence B. COUNTY before admission
egim.	H	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR location) STITUTION 2512 Keyworth Ave	2512 Keywort c. CITY OR TOWN (If o	utside corporate limits, write I/URAP and gi
		Length of stay in Baltimore 82 Years Mos. Days	D. STREET ADDRESS (If re	ural, give location)
y and		Female White 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	June7 1870	9. AGE (In years lift Under 1 Year last birthday) Months Days Hours Min
on sho	worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) House work Domestic	11. BIRTHPLACE (State or for Balto Md	eign country) 12. CITIZEN OF WHAT COUNTR
rmatic		Manes Hamburger	14. MOTHER'S MAIDEN NAI Caroline Ham	
f info	15 (Ye	s. no or unknown) (If yes, give war or dates of service) NO NO NO.	17. INFORMANT	ADDRESS Earl Court APT
UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and l	AL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	leal Vareelar Leal Vareelar Le Cornary ep Emoria Le Cardial	
H-1		TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY? YES
LAL X, WITH	MEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If	in Baltimore City, give exact location)
	~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK		
s Sspeci		22. I hereby certify that I attended the deceased from deceased alive on John S., 1953, and that death occur	red at 300 m., from the	e causes and on the date stated about Ray 23c. DATE SIGNE 2 CAN 2
PLEASE WE correct age is	2. TI	AA. BURIAL. CREMA- ON. REMOVAL (Specify) Burial Feb 8 1953 Hebrew Frie	-3-1-1- 677	CATION (City, town, or county) (State
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE.	25 FUNERAL DIRECTOR	Maclina

ADDRESS Albert, Jr. 6310 Boxwood Rd. INTERVAL BETWEEN 20. AUTOPS (If in Baltimore City, give exact location) 1950, to 7 de - 5 , 1953, that I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or county) Pikesville, Md. ADDRESS

1337

before admission)

12. CITIZEN OF

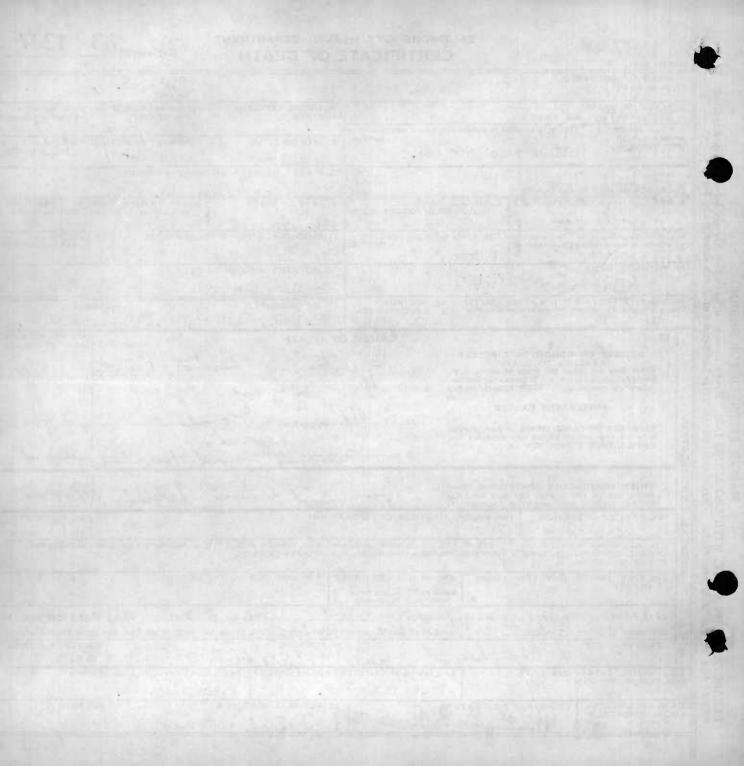
WHAT COUNTRY?

township)

Feb. 5. 1953

PLEASE

VS 150



ully supplied.

1	3	2		0
53		13	13	8
	HRT	HNO).	

151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 1338

BIRTH NO.								
I. NAME OF (Type or Print)	DECEASED				2. DATE OF			
3. PLACE OF	DEATH:	JOH	n e. retowsi		DEATH F	eb. 5, 1953		
A. Baltimore	City, Maryland			A. STATE	B. COUNTY			
B. FULL NAME HOSPITAL OR	OF 'f not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	/land	imite write RURAL and give		
INSTITUTION	Lutheran	Hosnit.	a1		timore	Vnship		
7.	Daniolan	HODDIO	Yrs.		ESS (If rurai, give location)		
c. Length of	stay in Baltimore		Mos. Days	1720	N. Payson Stre	ot.		
5. SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	H Buder I Year H Under 24 Hours Months: Days Hours Min.		
Male	White	marri		June 25, 18		Months Days Hours Min.		
IOA, USUAL O	CCUPATION (Give kind of tof working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
resta	urateur		urant	Maryland		WHAT COUNTRY		
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME			
	ph Retowsky			Eli_abeth K	raueter			
15. WAS DECEAS	SED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
no				Mr. Herbert	Retowsky - 1720	N. Payson St.		
Z DISEASI O HISE TO UNDERLY OTHER TRIBUTIN TO THE								
U 19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO X		
21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK								
the er and d	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes A accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER							
244 PHD141	CREMAL SCIENCE	Ti				Feb. 5, 1953		
24A. BURIAL. TION, REMOVAL (Buria	1 2/7/53	2	Cedar Hill C		Anne Arundel			
DATE RECEIVE		SIGNATU	RE	25 FYNERAL	EOPPE	OLDERESS		

Elm Josepher 9-Son

VS 150

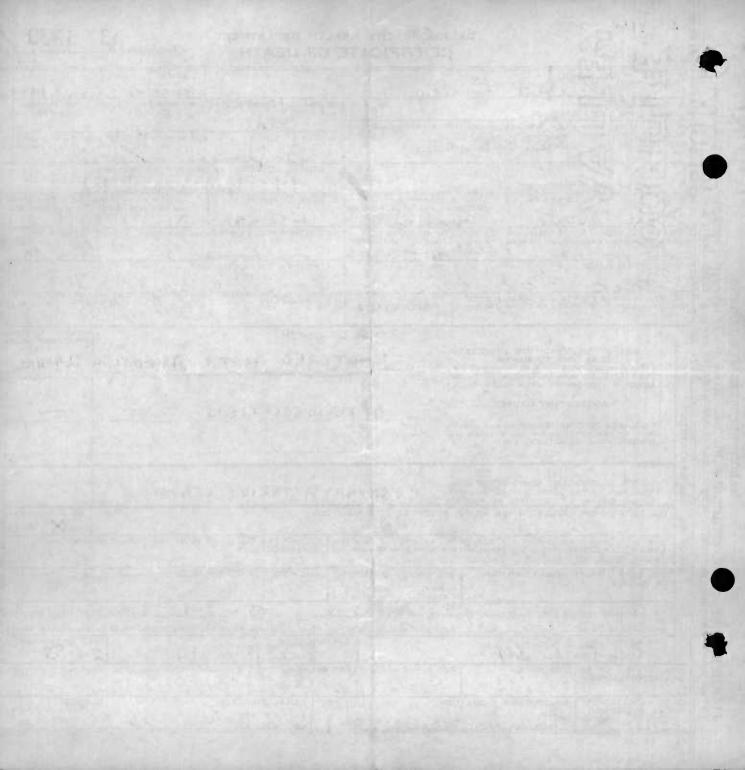
before admission)

(ownship)

write LURAL and give

NTERVAL BETWEEN

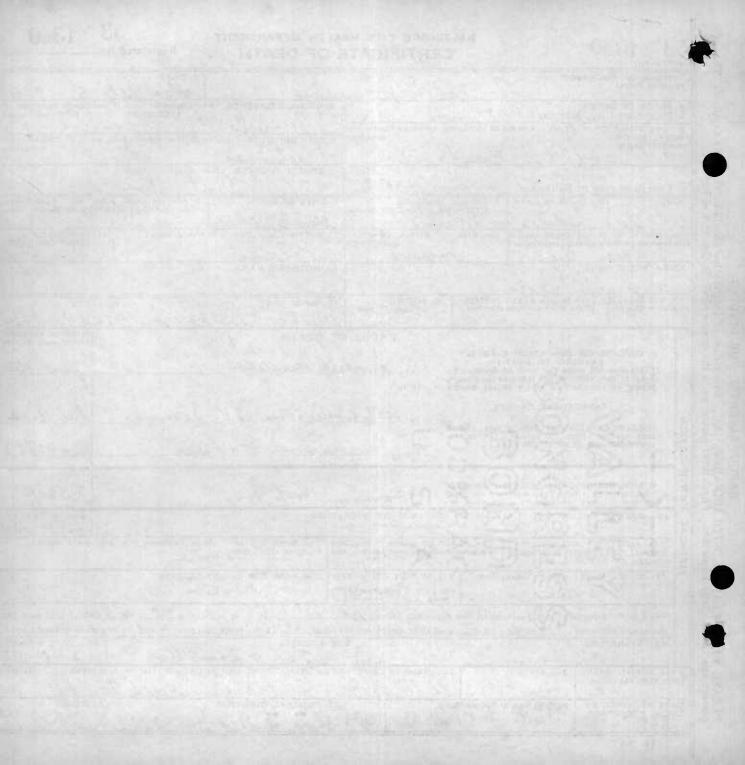
20. AUTOPSY



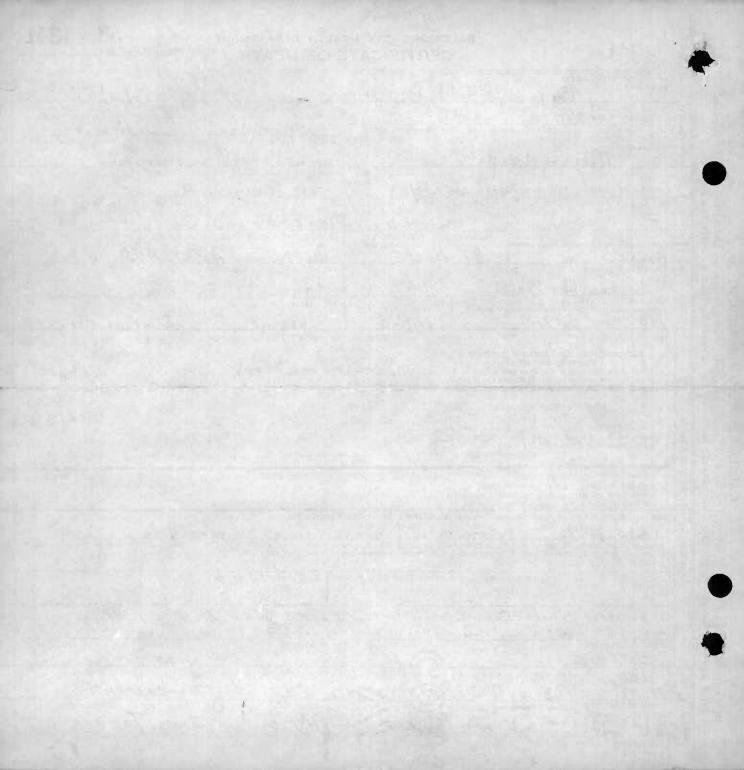
L-	5	122 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	1340			
information should be cally supplied. The	1. (T	. NAME OF DECEASED Jeofila Ripkowski 2. DATE OF DEATH Tele . PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If ins	5 1953			
	B.	Baltimore City, Maryland Baltimore Md. FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR NSTITUTION O 2 8 8 8 7 7	before admission)			
			der 1 Year 11 Under 24 Hours			
	The state of	rk done during most of working life, aven if retired) / INDUSTRY / P	Days Hours Min. 2. CITIZEN OF WHAT COUNTRY?			
	Wosciech Leda 14. MOTHER'S MAIDEN NAME					
of	(Ye	18. 4221 and 260X DISEASE OR CONDITION DIRECTLY 16. SOCIAL SECURITY NO. 17. INFORMANT Michael Lyphowski 928	L East are INTERVAL BETWEEN ONSET AND DEATH			
I UN Phy		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	June 1910			
	ATION	DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Assurance of the Color o	Dec 15/52			
	MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Jen 30/83			
		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO Control No Co			
impoi		2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT DOOTSWHILE				
PLAT Sepecially		deceased alive on 2 lb-4, 19 13, and that death occurred at 10 A.m., from the eauses and on the	that I last saw the date stated above.			
SE WR	2 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or ION REMOVAL (Specify)	2-5-53			

(State) use Bal DATE RECEIVED BY

anislacis Cemelery Dundalk 25. FUNERAL DIFECTOR White John J. Duda Inc 282 REGISTRAR'S SIGNATURE LOCAL REGISTRAR



1000 VS 150 before admission)

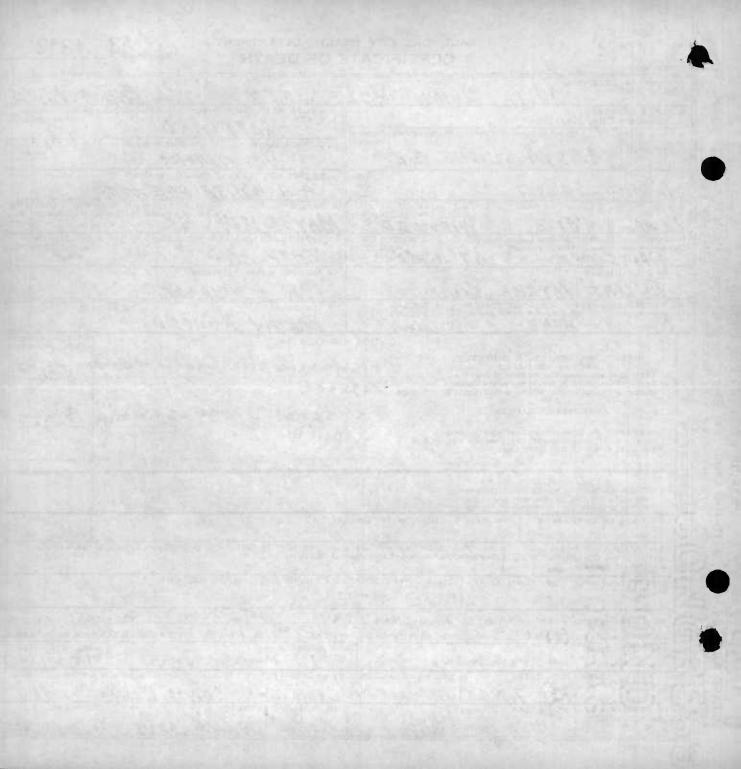


MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 1342

CERTIFICATE OF DEATH Registered No.							
1. (T	NAME OF DECEASED JULIA QUINN MC	DERMOTT 2. DATE OF DEATH FEB. 4. 1953					
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: resilience. A. STATE B. COUNTY before admission.					
H	FULL NAME OF (If not in hospital or institution, give street address of location	MAKI LAND 2					
IN /	STITUTION 431 WHITRIDGE AVE.	BALTIMORE V township					
c.	Yrs. Length of stay in Baltimore Yrs. Days						
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours					
10 ork	A. USUAL OCCUPATION (Givekinder 10B. RIND OF BUSINESS OR adone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
13	HOUSEWIFE AT NOME	14. MOTHER'S MAIDEN NAME					
	THOMAS PATRICK QUANT	MARY MILL DOE					
15 Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? a, no pr unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
	NO NONE NONE	FAMILY RECORDS					
	Toda	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	hisscleratic Cardio-Vascally Jyrs.					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.	16476					
	ANTECEDENT CAUSES	rebtal Jeletosis with 3 yts.					
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	entito					
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
FICA							
ERT	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
Ü	TO THE DISEASE OR CONDITION CAUSING IT.	PATION					
CAL	198. MAJOR PINDINGS OF OFE	RATION 20, AUTOPSY?					
ED	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	in or 21c. WHERE DID (If in Baitimore City, give exact location)					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?					
1	m. WHILE AT NOT WHILE AT WORK AT WORK						
3	22. I hereby certify that I attended the deceased from My 1947 to 6. 4, 19 7 that I last saw the						
3	deceased alive on Fabil, 1943, and that death occur	arred at 77. m., from the causes and on the date stated above					
- /	Wm. N. Pammer, J. M.D.	20/ 5 handan tare. tat. 6, 1945					
710	ON REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25, FUNSRAL DIRECTOR ADDRESS					
	OCAL REGISTRAR	JOHN BURNS' SONS, TOWSON ME					
	A CONTRACTOR OF THE PARTY OF TH						



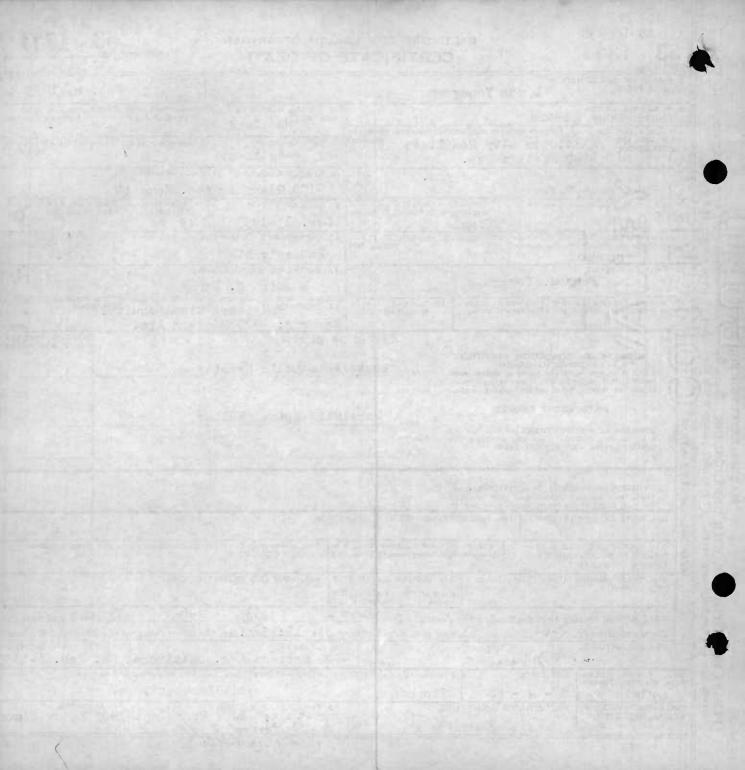
5 AB-166938 53 1343

VS 150

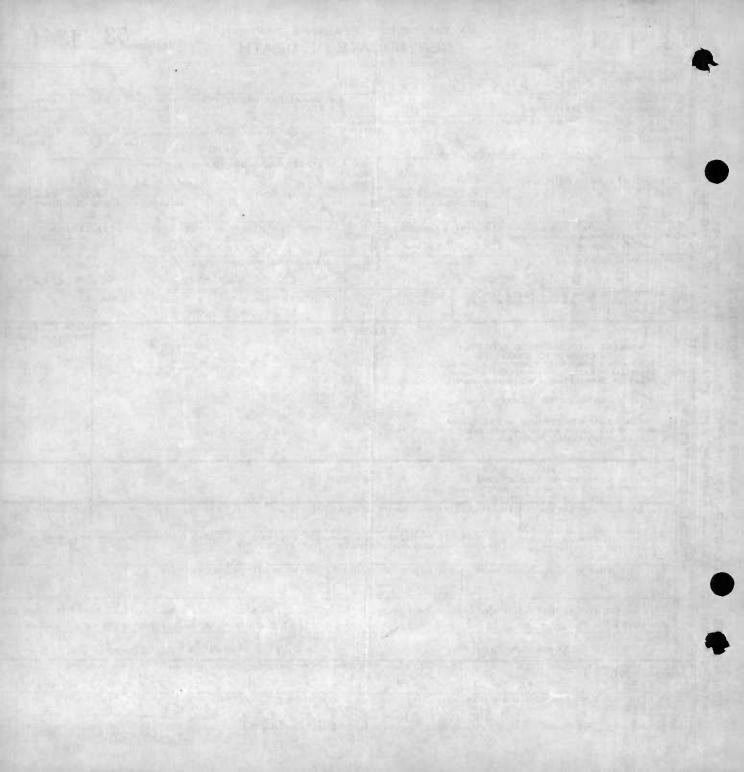
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1343

1. NAME C (Type or Pr	of DECEASED L yn	n Youngman		2. DATE OF DEATH	Feb. 6, 1953
A. Baltimo	ore City, Maryland		A. STATE Maryland		If institution: residence before admission)
B. FULL NA		al or institution, give street address			
INSTITUTION		ity Hospitals location Ave.	c. CITY OR TOWN (If Baltimore	outside corporate lin	its write tural and give township)
		2 yrs. Yrs.		rural, give location)	
c. Length	of stay in Baltimore	Mos Day		Ave. Zone 1	4
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
F	W	Single Single	Dec. 15-1933	19	Months Days Hours Min.
Work done during	L OCCUPATION (Give kind of gmost of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	student		Pennsylvania		U. S.
13. FATHER			14. MOTHER'S MAIDEN NA	AME	./
	John G. You		L ouise C. Y	owng	
(Yes, no or unk	CEASED EVER IN U.S. ARMEI nown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Records: 4940 Eas	City Hospitstern Ave.	ADPRESS
18. 08	£1.1	CAUSE	OF DEATH		INTERVAL BETWEEN
Z DISE	ANTECEDENT CAUS ANTECEDENT CAUS CASES OR CONDITIONS, II TO THE ABOVE CAUSE (A) ERLYING CONDITION LA	eaused death.) DUE TO SES FANY, GIVING STATING THE DUE TO	alytic Spinal Bulba	ar	
TRIBIT TRIBIT	II ER SIGNIFICANT CONDI UTING TO THE DEATH, BUT HE DISEASE OR CONDITION	NOT RELATED			
		98. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?
A	7				YES X NO
Q LYING	CCIDENT WAS UNDER. OR CONTRIBUTING	218. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		f in Baltimore City	, give exact location)
	ME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
OF INJ	URY	m. WHILE AT NOT WHILE	LE C		
22. I h	erchu contifee that I att	tended the deceased from 1-	20 - 1953 to	2-6- 19	53, that I last saw the
dagaga	ed alive on 2-6-	10 53 and that death acc	urred at 11:15na fmm t		
	GNATURE	, 13. 22. and that weath occ	23B. ADDRESS	no canoco ana on	23c. DATE SIGNED
237.31	-88 m	ulou, M.D.	4940 Eastern Ave.	Baltimore,	
24A. BURI	AL. CREMA- 248. DATE	24C. NAME OF CEME	TERY OR CREMATORY 24D. L		
Buria		53 Wildwood	Willi	lamsport, Pe	
DATE REC	EIVED BY REGISTRAR		25. FUNERAL DIRECTOR	Cana Inc. 1	ADDRESS
LOCAL RE	GISTRAR	12 12 15 16 16 16 16 16 16 16 16 16 16 16 16 16	South OFFIT COLORY CO.	sons, inc1	LYOU BUTAW Place



G	5		EALTH DEPARTMENT E OF DEATH Registered No	1344			
lied.	(3	NAME OF DECEASED. Type or Print) ANIEL DAN B. GIBSO PLACE OF ORATH:	2. DATE OF DEATH Q/6 1 4. USUAL RESIDENCE (Where deceased lived, If in	/53			
uld be fully supplied and legally.	B. H	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	A. STATE M. B. COUNTY	before idmission			
	4	Yrs. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)				
	5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH / 9. AGE (In years) If linder I Year If linder 2				
NDING information should be of death clearly and	WOF	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, oven if retired) 10B. KIND OF BUSINESS OR INDUSTRY EIK hours 3. FATHER'S NAME	1 CENTUCKY	2. CITIZEN OF WHAT COUNTRY			
oling format of death	1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? I 16 SOCIAL	14. MOTHER'S MAIDEN NAME E/13 A BETL 17. INFORMANT ADD ADD	Je 66.			
of of ises	(Y)	(if yes, give war or dates of service) SECURITY NO.	TAMILY - JAM	INTERVAL BETWEEN			
RESERVED FOR INK. Every item please write the cau	ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	iary circhosis	ONSET AND DEATH			
MARGIN I UNFADING Physicians: I		UNDERLYING CONDITION LAST.					
	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
LY, WITH important.	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING Double bome, farm, factory, street, office bklg		e exact location)			
L ially in		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK					
TE P	22. I hereby certify that I attended the deceased from 2-1, 1953, to 2-6, 1953, that I deceased alive on 2-6, 1953, and that death occurred at 11.55 p.m., from the causes and on the date 23A. SIGNATURE (23B. APDRESS // 10.00 12.						
PLEASE V	2. T10	4A. BURIAL TREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVED Specify, 2 10 53 794 1	RY OR CREMATORY 24D. LOCATION (City, jown, or)	2-7-53 county) (State)			
PLE	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE. FEB 7 - 1853 Tuntingtons Fighting Mark	25 FUNERAL DIRECTOR Luce	DDRESS			
		VS 150	130 E. FORT 19.	12.			

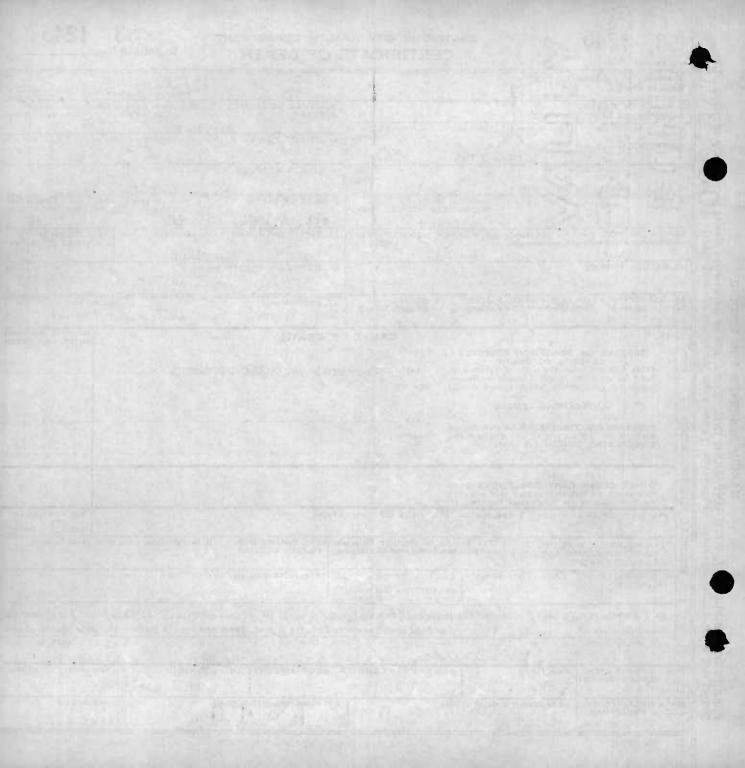


17	10	-
- 11	53	1345
	10	11 (41 -7

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1345 Registered No.

	BIRTH NO.	2 OF BEATTI
	1. NAME OF DECEASED (Type or Print)	2. DATE
	Hepting, Minnie Marie	DEATH February 6, 1953
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
	HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	St. Joseph's	Baltimore /- O 3township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Mos. Days	207 M. Modeine Ct
	c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years) H Under Year H Under 24 Hours
	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
	Widowed Widowed	Sept, 14, 1884 68
	10A. USUAL OCCUPATION (Give kind of More to the Company of the Com	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	- Hwfe. Own home	Maryland
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Benjamin Samers	Keifer
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Vernon Street 1253 Maple Ave-27
4	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	DF DEATH Dral vascular accident
	TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
	A COLDENT WAS UNDER 1218 PLACE OF INJURY (6.6. in	YES NO V
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
.	OF INJURY WHILE AT NOT WHILE MORK AT WORK	
		vary 6, 1953, to February 6, 1953 that I last saw the
	deceased alive on Fab 6 10 53 and that death again	red at 6:31pm., from the causes and on the date stated above.
		38. ADDRESS 23c. DATE SIGNED
	12 8 1-11	hoo w Caroline St. Feb. 6, 153
0	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
	Burial Feb. 9, 1953 Western	Baltimore
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORS ADDRESS
	LOCAL REGISTRAR	Mirith Muneral home 2008 Orleans St.



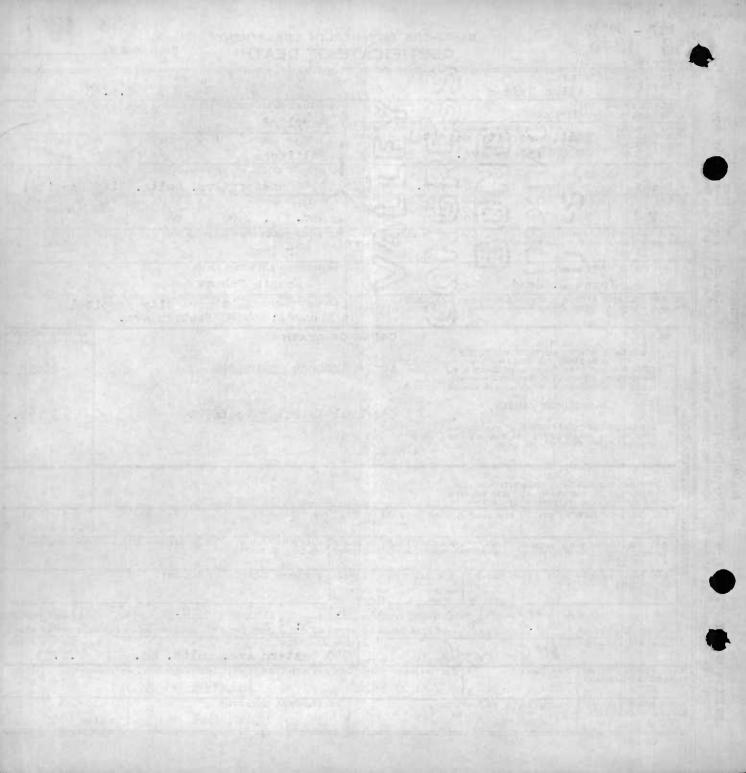
	PLEASE WI E PLA Y, WITH UNFADING INK. Every item of information should be cally sup	
	ily	
	7	
В	20	correct age is especially important. Physicians: please write the causes of death clearly and leg.
	pe o	d le
	ld l	an
	hou	ırly
	n s	cles
	atio	th
NG	rm	dea
IDI	infe	of
BIN	Jo	ses
24	em	can
MARGIN RESERVED FOR BINDING	y it	the
OE OE	ver	ite
RYJ	闰	WI
SE	K.	ase
RE	A	ple
Z	NG	IS:
RG	DI	ciar
MA	(IF)	ysi
-	5	Ph
	HI	ıt.
	WI	rtar
	Ľ,	odt
		F
	Y.A	ally
	P	peci
	e.	[32]
	T.	15
	E E	age
	ASI	ct ;
	CE	rre
	P	00

53 1346 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF Alice Erdman 2.6.53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY STATE Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4940 Eastern Ave. Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos. 84 yrs. 4940 Eastern Ave. Balto. City Hospital c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under | Year | If Under 24 Hours | Norths | Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Whita Nov. 30. 1868 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James L. Read Sophie Schaum 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospital SECURITY NO. 4940 Eastern Ave. No-Records: INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Broncho Pneumonia 10days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cerebral Vascular Accident 3 wks. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WORK AT WORK 8.18 19 44 to 2.6 _. 1953, that I last saw the 22. I hereby certify that I attended the deceased from-deceased alive on 2.6, 1953, and that death and that death occurred at 5:25 am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. Balto. Md. 2.6.53 24A. BURIAL, CREMA-24c, NAME of CEMETERY or CREMATORY | 24c, LOCATION (City, town, or county) 24B. DATE TION REMOVAL (Specify)
Burial Feb. 9, 1953 Loudon Park

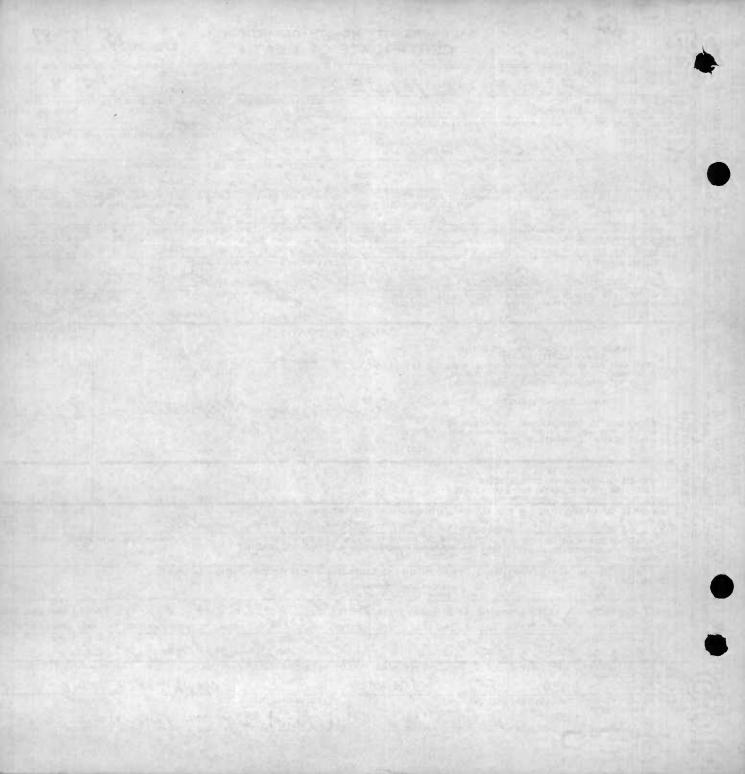
DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Baltimore. Md. ADDRESS

Ullrich Funeral Home 2008 Orleans St.



4. USUAL RESIDENCE (Where deceased lived, if institution; residence B. SOUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) If Under 1 Year AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS ONSET AND DEATH 20. AUTOPSY YES NO (If in Baltimore City, give exact location) . 1953 that I last saw the 23c. DATE SIGNED 240. LOCATION (City, town, or county) MO ADDRESS

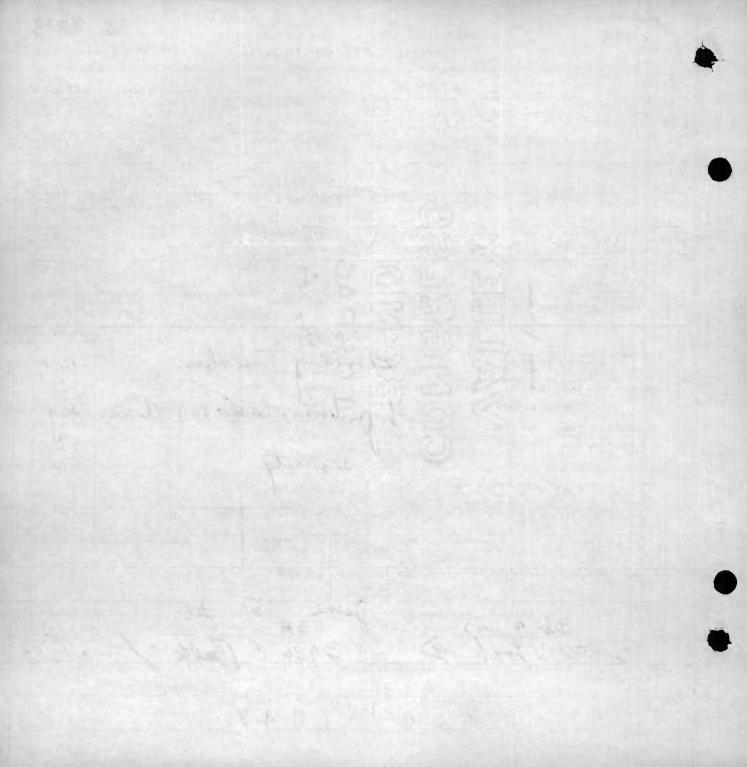


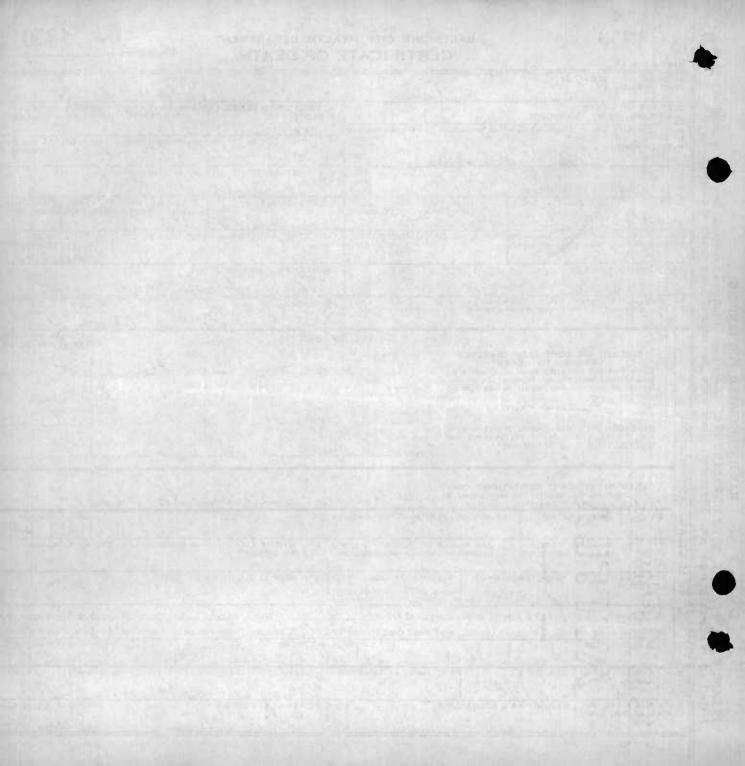
2	-6	3.	5
ال	53	13	18
	BIRTH	NO.	
	1. NAM (Type o:	E OF r Print	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

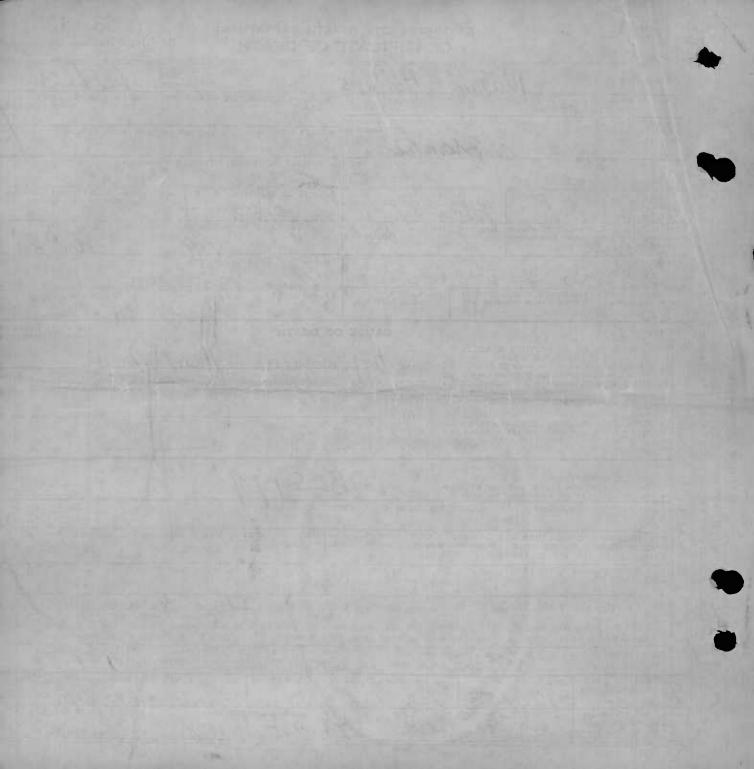
53 1348

	BIRTH NO.			CERTIFICATI	E OF DEATH	- Registe	ered No
]]=	1. NAME OF D (Type or Print)		H. GER	DING?		2. DATE	eb. 5, 1953
		City, Maryland Jo		kins Hospital	A. STATE	NCE (Where deceased li- B. COUN	ved. If institution: residence
11	B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN		e limits, write RURAL and give
1100		tay in Baltimore		Yrs. Mos. Days		ss (If rural, give locati Fayette St.	ion)
	s.sex Male	6.COLOR OR RACE White	Wid	E. MARRIED, ED, DIVORCED (Specify) OWED	Aug. 9, 1872	last birthda	ars II Under I Year II Under 24 Hours Ly) Months Days Hours Min.
	10a. USUAL OC nrk dnneduring most Zlerk-Regi	CUPATION (Give kind of of working life, exen if retired) ster of Will	108. KIND	of Business or INDUSTRY	11. BIRTHPLACEIS Maryland	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S		1		14. MOTHER'S MAI	DEN NAME	
	Henry	Gerding			Margare	t E. Hopkins	
	Yes, nn nr unknnwn) No.	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. None.	17. INFORMANT Mrs. Raymond	H. Gerding,	ADDRESS 3308 Westerwald Av
	(This doe heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA a not mean the mode are, asthenia, etc. It mes complication which ANTECEDENT CAU: S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN STATING TH	e, DUE TO	mong the Tensive Car	ionlissis ilie vas. d	isease 20 yr ?
		II SIGNIF!CANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D			
	19A. DATE C			FINDINGS OF OPER	RATION		20. AUTOPSY?
1	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA about home, f	ACE OF INJURY (e. g., i arm, factory, street, nffice bldg., e	n nr 21c, WHERE DI etc.) INJURY OCCUP	D (If in Baltimore	City, give exact location)
	21b. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
	deceased a			and that death occur			, $19 \stackrel{\textstyle >}{\textstyle >}$, that I last saw the l on the date stated above.
	23A. SIGNA 24A. BURIAL,	CREMA- 248, DATE	och.	M. D.	38. ADDRESS 2936 E	Bulto (240. LOCATION (ORLY	23c. DATE SIGNED
	TION, REMOVAL (S Burial	Specify	1953	Oak Lawn		Colgate, Mo	
	DATE RECEIVE	D BY REGISTRAR	S SIGNATU		25. FUNERAL DIRE	CTOR	ADDRESS

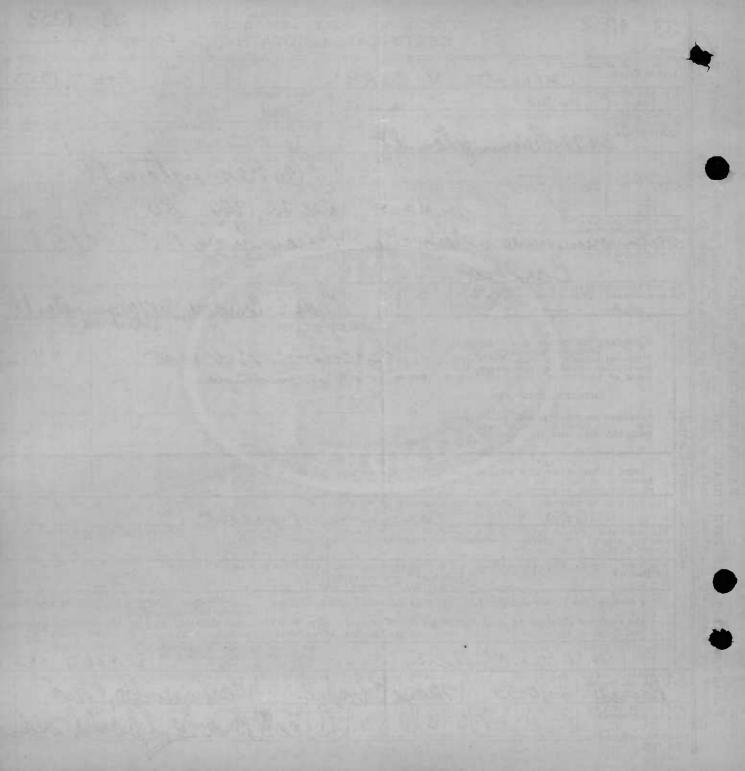




V S 151



1352 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF V. CLARK CHARLOTTE ully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR ocation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D STREET Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE should be learly and le 7. SINGLE, MARRIED WIDOWED, DIYORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of OF BUSINESS OR 12. CITIZEN OF INDUSTRY verterastran nur information s 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES: Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECLOTTY NO. of CAUSE OF DEATH NSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an . thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes **Y**, accident \square , suicide \square , homicide \square , undetermined \square . 23B, CHIEF MEDICAL EXAMINER.... PLEASE W. ASSISTANT MEDICAL EXAMINER. 24A. BURIAL, CREMA TION, POMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151

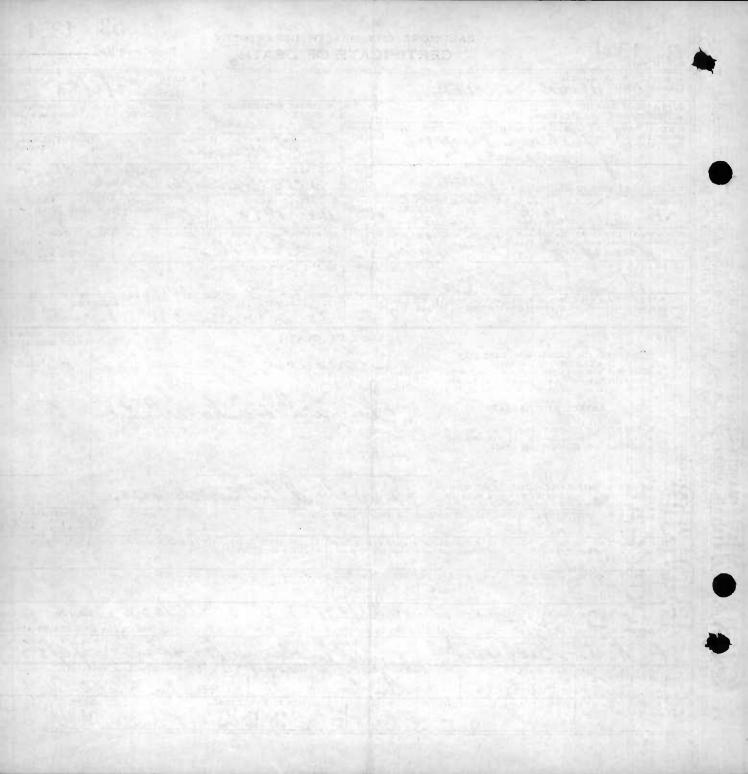


53 1353	3	BALTIMORE CIT	Y HEALTH DEPARTA		1333
BIRTH NO.		CERTIFIC	CATE OF DEATH	Regist Regist	ered No
1. NAME OF DECE. (Type or Print)	Saral	L ROSEN.	SWEIG	2. DATE OF DEATH	2/7/53.
3. PLACE OF DEAT A. Baltimore City,	Maryland		A. STATE		ived. If institution : residence TY before admissi
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital o	or institution, give street add	cation) c. CITY OR TOWN	(If outside corpora	te limits, write RURAL and s
4 2	mar f	terfulat	Yrs. D. STREET ADDRES	S (If rural, give locat	7-17 townsl
c. Length of stay	III Duitimore	50 yrs.	Mos. Days Levino	dale me	raine Horse
Timal	White	SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify) 8. DATE OF BIRTH	7 9. AGE (in ye last birthd)	ears if Under 14 F ay) Months Days Hours M
10A. USUAL OCCUP work done during most of work	rice (OB. KIND OF BUSINESS INDI	OR USTRY LIL BIRTHPLACE OF	ate or foreign country)	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAMI	en Tuc	ker	14. MOTHER'S MAI	EN NAME	0
15. WAS DECEASED EX (Yes, no or unknown) (I	/ER IN U.S. ARMED FO	DRCES? 16. SOCIAL SECURITY		Jenseveig -	ADDRESS ROAD
(This does not heart failure, as injury or com	R CONDITION DIF ADING TO DEATH mean the mode of disthenia, etc. It means to plication which cause ECEDENT CAUSES	lying, e.g., (A)the disease, ued death.) DUE TO	Caremon	alisis	
ONDERETHIS	CONDITIONS, IF AN BOVE CAUSE (A) ST. CONDITION LAST.	NY, GIVING ATING THE OUE TO			
RISE TO THE A UNDERLYING	BOVE CAUSE (A) ST.	NY, GIVING ATING THE OUE TO (C) ONS CON-			
OTHER SIGNI	BOVE CAUSE (A) ST. CONDITION LAST. II IFICANT CONDITION THE DEATH, BUT NO SE OR CONDITION CA	NY, GIVING ATING THE OUE TO (C) ONS CON-			
OTHER SIGNI TRIBUTING TO TO THE DISEAS 19A. DATE OF OI 21A. ACCIDENT LYING OR DO	II IFICANT CONDITION LAST. IFICANT CONDITION CAPERATION 19B. WAS UNDER- INTRIBUTING 1	NY, GIVING ATING THE OUE TO (C) ONS CON- T RELATED AUSING IT.	OPERATION (b. g., in or 21c. WHERE DII	O (If in Baltimore	
OTHER SIGNI TRIBUTING TO TO THE OISEAS 19A. DATE OF OI 21A. ACCIDENT LYING OR CO CAUSE OF DEA	II IFICANT CONDITION LAST. IFICANT CONDITION CAPERATION 19B. WAS UNDER- INTRIBUTING 1	ONS CON- T RELATED MAJOR FINDINGS OF 21B. PLACE OF INJURY bout home, farm, factory, street, offi	OPERATION (e. g., in or lookidg, etc.) CURRED TWHILE	O (If in Baltimore	YES NO
OTHER SIGNI TRIBUTING TO TO THE OISEAS 19A. DATE OF OI 21A. ACCIDENT LYING OR CO CAUSE OF DEA' 21D. TIME (Mon' OF INJURY) 22. I hereby ces	BOVE CAUSE (A) ST. CONDITION LAST. II IFICANT CONDITION THE DEATH, BUT NOTES OR CONDITION CAPPERATION 198. WAS UNDERNITEDUTING 1 TH. III II	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF 21B. PLACE OF INJURY bout bome, farm, factory, atroet, offi WHILE AT WORK AT	OPERATION (e. g., in or cookldg., etc.) CCURRED TWHILE TWHILE	O (If in Baltimore?	YES NO City, give exact location)
OTHER SIGNI TRIBUTING TO TO THE OISEAS 19A. DATE OF OI 21A. ACCIDENT LYING OR CO CAUSE OF DEA' 21D. TIME (Moni OF INJURY	DOVE CAUSE (A) ST. CONDITION LAST. II IFICANT CONDITION THE DEATH, BUT NOTE OR CONDITION CAPERATION PERATION WAS UNDER- NTRIBUTING TH th) (Day) (Year) (Heartify that I attented) The condition caperation of the condition caperation caper	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF 21B. PLACE OF INJURY bout bome, farm, factory, street, offi OUT) 21E. INJURY OC WHILE AT WORK AT ded the deceased from 19 33. and that death	OPERATION (e. g., in or cookidg., etc.) CCURRED T WHILE 2 9, 19 Occurred at 7 4 m., 1 23B. ADDRESS	O (If in Baltimore?	VES NO City, give exact location) 1953 that I last saw I on the date stated abo
OTHER SIGNI TRIBUTING TO TO THE OISEAS 19A. DATE OF OI 21A. ACCIDENT LYING OR CO CAUSE OF DEA 21D. TIME (Mont OF INJURY) 22. I hereby ce deceased alive 23A. SIGNATURE	BOVE CAUSE (A) ST. CONDITION LAST. II IFICANT CONDITION THE DEATH, BUT NOTES OR CONDITION CAPPERATION 19B. WAS UNDER- NTRIBUTING all TH th) (Day) (Year) (He on 2 .) , 1 A-1 24B. DATE y) 2/9/53	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF 21B. PLACE OF INJURY bout bome, farm, factory, street, offi WHILE AT NOT WORK AT ded the deceased from 19 53. and that death 24d. NAME OF CE	OPERATION (e. g., in or cookidg., etc.) CCURRED T WHILE 2 1F, HOW DID T WHILE 2 9, 19 Occurred at 7 4 m., 19 23B. ADDRESS D. EMETERY OR CREMATORY THE COOK OF THE C	to 3.7 from the causes and 4 sports	City, give exact location) 1953 that I last saw 1 on the date stated about 23c. DATE SIGNI
OTHER SIGNIT TRIBUTING TO TO THE OISEAS 19A. DATE OF OIL CAUSE OF DEA 21D. TIME (Mont OF INJURY) 22. I hereby cedeceased alive 23A. SIGNATURE 24A. BURIAL CREMTION REMOVAL (Specific contents of the content	BOVE CAUSE (A) ST. CONDITION LAST. II IFICANT CONDITION THE DEATH, BUT NOTES OR CONDITION CAPPERATION 19B. WAS UNDER- NTRIBUTING all TH th) (Day) (Year) (He on 2.) , 1 A-1 24B. DATE y) REGISTRAR'S S	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF 21B. PLACE OF INJURY bout bome, farm, factory, street, offi WHILE AT NOT WORK AT ded the deceased from 19 53. and that death 24d. NAME OF CE	OPERATION (e. g., in or leading., etc.) CURRED TWHILE 1 VORK 2 1 19 5 19 5 19 5 19 5 19 5 19 5 19 5 1	to 3.7 from the causes and 4 sports	VES NO City, give exact location) 1953 that I last saw I on the date stated about 23c. DATE SIGNI

Query reply answer "No"

2/25/53 ES

7-	14 5;	3 135	1		HEALTH DEPARTMENT	5; Registered N	3 1354	
d. Th	1.	NAME OF DE	CEASED HELEN	THALER		2. DATE OF DEATH	6/53	
ully supplied.	Α.	PLACE OF DE Baltimore Ci FULL NAME O	ty, Maryland	pital or institution, give styret address	4. USUAL RESIDENCE (V		nstitution : residence before admission)	
	H	STITUTION	Tuttura	a Naspetal location		outside corporate limits	, write RURAL and give	
legibli	c. Length of stay in Baltimore 58 yrs. Street Address (If rural, give location) Nos. Days 778. O. STREET ADDRESS (If rural, give location) 3713 Clarufu Coad							
should be		Female	White	WIDOWED DIVORCED (Specif	DIE 1010	63 Mon	Under 1 Year oths Days Hours Min.	
a)								
DING information of death cl	,	. FATHER'S NA	isch C	rystal MED / DRCES? 16, SOCIAL	Sarah B	erwit		
Ses In	(Yes		EVER IN U. S. ARM (If yes, give war or d	Louis Thale	~ 3713 cl	arinth Rd		
VED FOR B Every item of write the caus	18. 592 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)						INTERVAL BETWEEN ONSET AND DEATH	
Ever write		heart failure injury or o	e, asthenia, etc. It n complication which	n caused death.) DUE TO	. 00	0 0		
RESEINK.	FICATION	DISEASES RISE TO TH	OR CONDITIONS E ABOVE CAUSE (NG CONDITION	(B) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	our Glonaul	nephitii	, ,	
MARGIN UNFADING Physicians:	CERTIFIC	TRIBUTING	II GNIFICANT CON TO THE DEATH, BO REASE OR CONDITI	UT NOT RELATED	alized arterio	schrous		
H .		19A. DATE OF			ERATION		YES NO	
LY, WITH	Z1a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Ball about home, farm, factory, street, office bldg., etc.)						ive exact location)	
LA in	-	210. TIME (Month) (Day) (Year) (Hour) OF INJURY MILE AT NOT WHILE AT WORK MORK AT WORK						
E PI especi		aeceasea an	re on	attended the deceased from 195319, and that death occ	urrea atm., from t		, that I last saw the e date stated above.	
E W		23. SIGN 1	W. Dul	hardt Min.o.	23B. ADDRESS	Cospidat	2/6/53	
PLEASE correct ag	TIC	Burial (Sp.	L' Feb	8,1953 Anlingt	on Cemety Roy	us que Ba	lto mos	
PLI		ATE RECEIVED		R'S SIGNATURE	25. EUNERAL DIRECTOR	1	ADDRESS 1126 Ld	



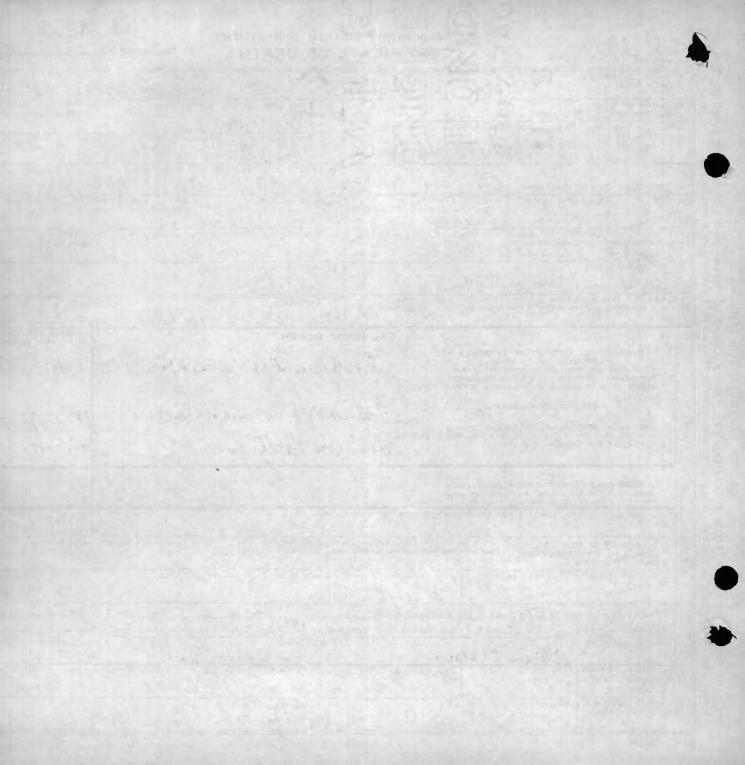
1355 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If instituting residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET, ADDRESS) (If rural, give location) Yrs. Mos. byn c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under 1 Year ASE (in years If Under I Year If Under 24 Hours Min. WIDOWED DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, evan if retired) INDUSTRY WHAT COUNTR' information unedresser usse death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL ADDRESS SECURITY NO causes of 260 X INTERVAL BETWEEN CAUSE OF DEATH item 18. ONSET AND DEATH very ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., write heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO I we waling artinio. Scleros is 囟 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE diapates Mellity UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 2-5 - , 1912, that I last saw the 22. I hereby certify that I attended the deceased from_ -, 19-2, and that death occurred at 1 400 Them., from the causes and on the date stated above. deceased alive on_ WR 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 2mur PLEASE correct ag 24A BURIAL, CREMA-OR CREMATOR 24c. NAME OF GEMETERY LOCATION (City, town, or county) TION REMOVAL (Specify) Mual DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

RESERVED

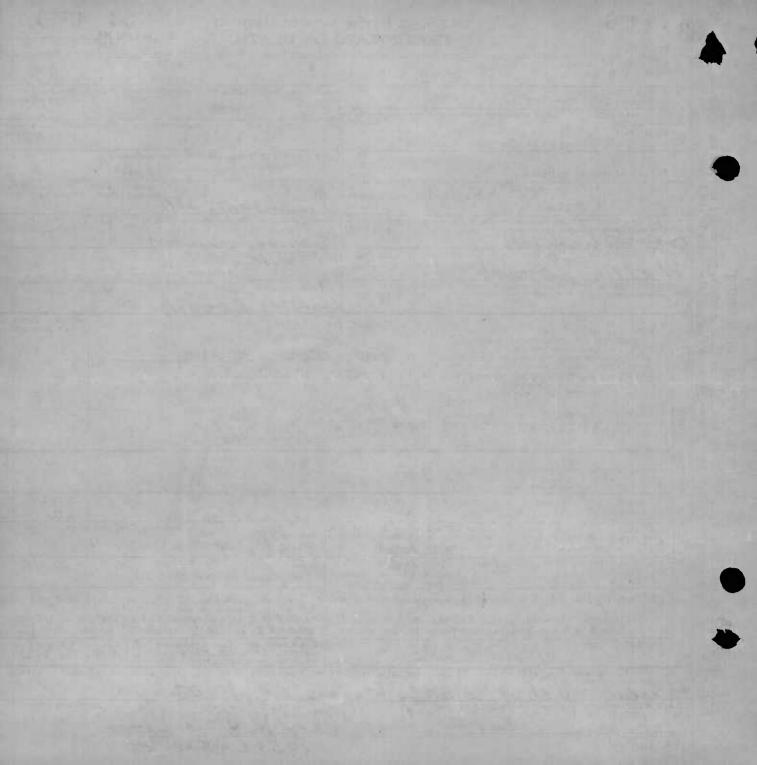
VS 150

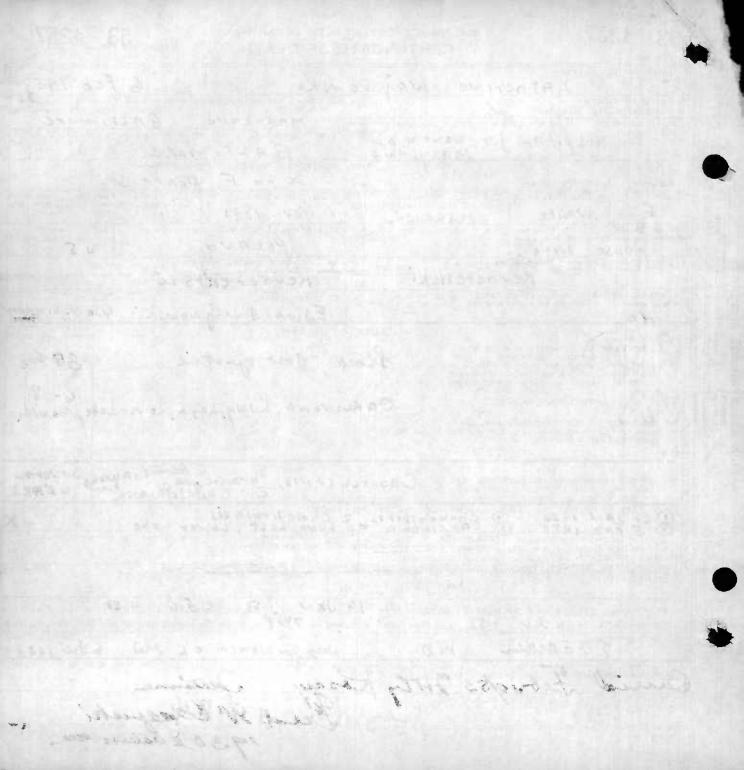
fore admission)

If Under 24 Hours



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) Feb. 5, 1953 EDGAR. NOVACK DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF "If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION dully Franklin Square Hospital Baltimore legibly. D. STREET ADDRESS [If rural, give location] Yrs. Mos. 1432 Decatur Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Wooder | Year | M Under 24 Hours | last birthday) | Months | Days | Hours | Min. be and WIDOWED, DIVORCED (Specify) White Male should 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR PLACE (State or foreign country) clearly 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY mulviana information 14. MOTHER'S MAIDEN NAME death BINDING SOCIAL EVER IN U. S. ARMED FORCES? INFORMANT ADDRESS (If yes, give war or dates of service) Jo (Yes, no or unknown) SECURITY NO causes Jo INTERVAL BETWEEN CAUSE OF ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Massive pulmonary embolism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. RESERVED DUE TO Fracture of left leg injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED u TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH YES X important. MEDICA 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB Pier #3, Locust Point about home, farm, factory, street, office bldg., etc.) UTING LI CAUSE OF DEATH. industrial 210. TIME OF INJURY Jan. I (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT Leg crushed between two beams NOT WHILE! especially WORK 22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 52 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 3 age ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR..... PLEASE 24A. BURIAL, CREMA-NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) correct HON, REMOVAL (Secify) E RECEIVED BY ADDRESS LOCAL REGISTRAR





BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ally supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 4613 ark A. STATE B. COUNT' B. FULL NAME OF (If not in hospital or institution, give street didress or location) C. CITA OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location c. Length of stay in Baltimore Days information should be 5 BEX 6. COLOR OF RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (in years hirthday) Months Days Hours Min. WIDOWED, DIYORCED (Specify) widow 10A. USUAL OCCUPATION (Give biod of work done during most of working life, even retired) IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country INDUSTRY touse we death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL 17, INFORMANT (Yes, no or unkoown) (If yes, give war or dates of service) SECURITY NO. em of i 18. CAUSE OF DEATH item Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH LY, WITH important. 218. PLACE OF INJURY (e. g., lo or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK 22. I hereby certify that Ifattended the deceased from 19 5, that I last saw the N 9 19_ deceased alive on 1 and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS M. D. 244 BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE NAME OF CEMETERY OR CREMATORY

PLEASE

23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) uvcia DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL BIRECTOR ADDRESS LOCAL REGISTRAR LATILOUTA untry flow; / VS 150

before admission)

If Under 24 Hours

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

Il Under 1 Year

ADDRESS

12. CITIZEN OF

Complet The star 186 Broth Brown Carlon " your shiple

before admission)

H Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

(State)

2.6.

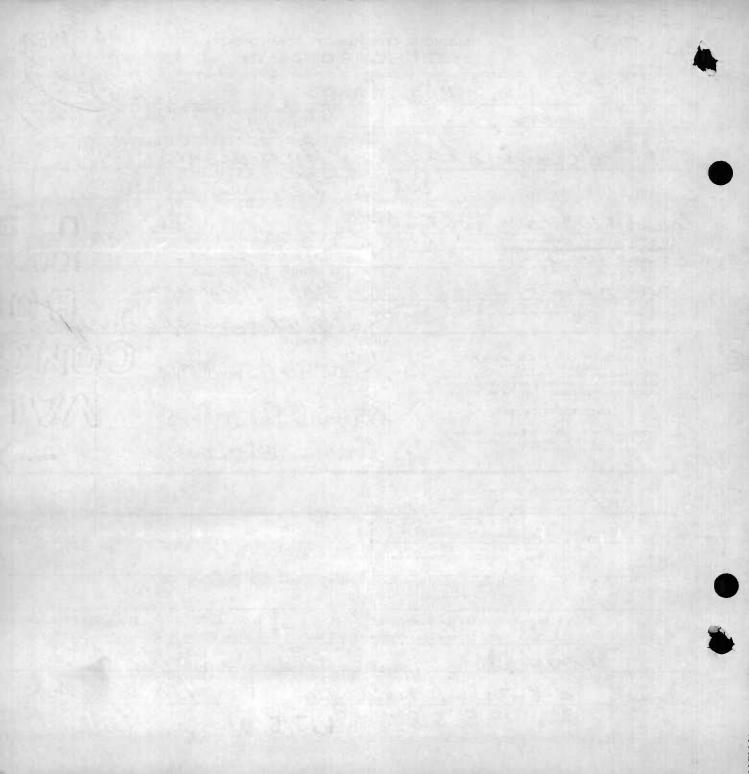
ADERESS

If Under 1 Year

12. CITIZEN OF

A MARKET and the Landovinoline ANT ON THE CAMPACTURE CONTRACTOR OF THE PARTY OF THE PART

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give (If rural, give location) Yrs. Mes. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED 6. COLOR OR BACE 9. AGE (In years If Under | Year | Il Under 24 Hours | Months Days Hours Min. If Under 1 Year WIDOWED, DIVORCED (Specify) MSUAL OCCUPATION (Givekind of LACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF one during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? information ouse we 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL of (Yes, no or naknowa) (if yes, give war or dates of service) SECURITY NO causes NTERVAL BETWEEN 18. CAUSE OF DEATH item 32X ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cerebral thrombosis ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Cerebral arteriosclerosis UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20, AUTOPSY 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 1912 to. , 19. 13 that I last saw the 22. I hereby certify that I attended the deceased from. Pm., from the causes and on the date stated above. deceased alive on_ 19.53 and that death occurred at. 23A. SIGNATURE PLEASE WR 23c. DATE SIGNED 23B. ADDRESS BURIAL, CREMA-24D. LOCATION (City, town, or county) 24C. MAME OF CEMETERY OR REMOVAL (Specify) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR wilw VS 150



	530	52	400:
5:	3 1361 BALTIMORE CITY HEALTH DEPARTM	ENI	1351
	CERTIFICATE OF DEATH	Registered N	10
	NAME OF DECEASED LOUIS SMITH	2. DATE OF DEATH	6-53
		ICE (Where deceased lived. If	institution : residence before admission
HC	FULL NAME OF (If not in hospital or institution, give treet address or location) C. CITY OF JOWN	(If outside corporate limite	, write RURAL and giv
IN	ISTITUTION 126 Queensbury ave Hali	timore	township
c.	Length of stay in Baltimore 60 Yrs. D. STREET ADDRESS	S (If rural, give location)	our ave
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) Mo	Under Year If Under 24 Hours nthe Days Hours Min
work	A. USUAL OCCUPATION (Give kieded IOS KIND OF BUSINESS OR INDUSTRY II. BUTIPLACE (State of the control of th	sea	12. CITIZEN OF WHAT COUNTRY
4	Lamuel Jeld	PEN NAME	
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 6, go or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 7/NFORMANT	Austr A	- Daws
CATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ete. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Infaritan elevoi,	ONSET AND DEAT
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
MEDIC.	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., io or labout home, farm, factory, street, office bidg., etc.) INJURY OCCUR?		rive exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID II OF INJURY m. WHILE AT NOT WHILE AT WORK	NJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 1/3 1, 193,		that I last saw th
	deceased alive on 1953 and that death occurred at m., f	rom the causes and on th	e date stated above 23c. PATE SIGNED
24	AN BURIAL CREMA- 248. DATE 24C. NAME OF CEMETERY OR CHEMATORY	24D. LOCATION (City, town,	or ecunty (Stage)
	menal 2-8-53 Herring Received	Halto	and
Lo	ATE RECEIVED BY REGISTRAR'S SIGNATURE PROCESSION OF THE PROCESSION	- OK 21001	Sutan &
	VS 150 (BGD6M	SOMINATER	
	(2906Mg		

Hornikain

15	> U ~	52-1			in a surface	
	BI	3 1362 RTH NO.	BALTIMORE CITY HE CERTIFICATI		53 Registered No.	1362
ję.		NAME OF DECEASED CARR	IE KOF,	NIGSBERG	OF DEATH 2 -	7-53
upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland Bo FULL NAME OF (If not in hospital or ins	etitution, give street address or	4. USUAL RESIDENCE	here deceased lived. If inst B. COUNTY	itution: residence before admission
ully supplied.	H	STITUTION DOCTORS He	a location)	12-11-1	outside eorporate limits, w	rite RURAL and give
legrat	c.	Length of stay in Baltimore	65 Yrs.		rural, give location)	,15
ld be	5.	F 6. COLOR OR RACE 7. SIN	DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Under Months	Nays Hours Min.
on shoul	10 work	A USUAL OCCUPATION (Give kind of logic during most of working life, everyfif retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY
NG rmatio death	13	FATHER'S NAME	rikatola 95	14. MOTHER'S MAIDEN NA		
BINDING of inform uses of dea	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	ADDE	RESS
RESERVED FOR INK. Every item please write the car	RTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the complex of the c	TLY , e. g., (x) Arterio isease, death.) DUE TO	sclevotic Hear Sever. Act aracac in		INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians: 1	CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED	uslity		
H	EDICAL (21a. ACCIDENT WAS UNDER- 21B.	JOR FINDINGS OF OPER	or 21c. WHERE DID (I	f in Baltimore City, glve	20. AUTOPSY? YES NO exact location)
Ily impo	MED	LYING OR CONTRIBUTING about to CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
PE PL especia		22. I hereby certify that I attended deceased alive on 19.	the deceased from AL	red at 350 m, from the	re causes and on the d	
PLEASE W.	2.	BURIAL, CREMA- 248, DATE	M. D. 24g. NAME OF CEMETE	20 28 Eila	CANON (City town, or	ounty) (State)
EASE rect a	TI		United No	ebrew !	Gallo	MA DDRESS
PL		DCAL REGISTRAR SIGN	Vigue use A. S.	ACK LOWER OUT	10 +	w Pl
		VS 150	//			

1 or 1266

VS 150

before admission)

20. AUTOPSY

18 14 등이 본 경험에 다른 사람에 다른 보면 되고 보면 내 때문에 보는 것 같아 되었다. 전 보다 되었다.

lly supplied.

information should be sof death clearly and l

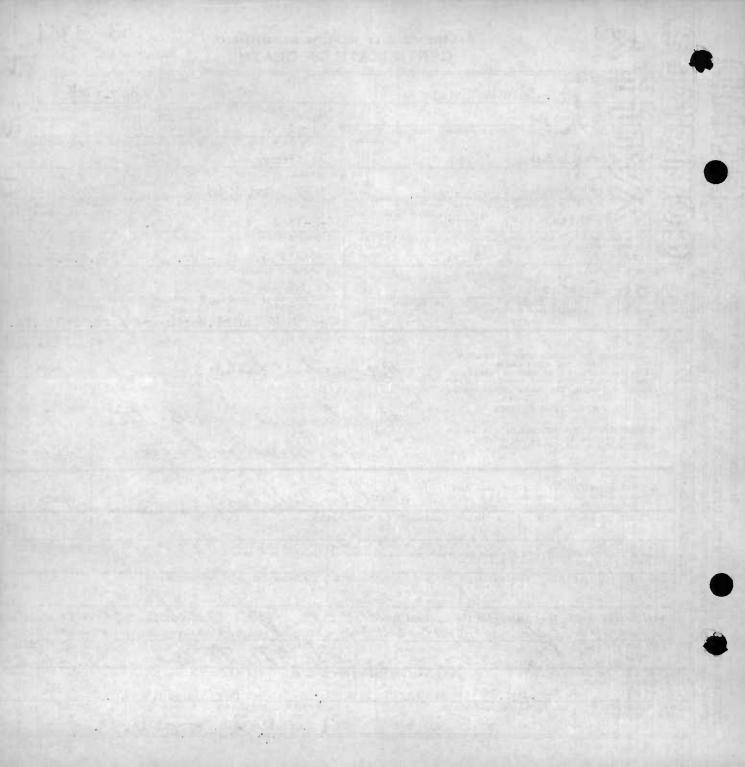
UNFADING Physicians: p

WITH

PLEASE WI

53 1364

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mrs. Lulu McDaniel DEATH Feb. 7-1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3222 Keswick Road Baltimore D. STREET ADDRESS Yrs. (If rural, give location) Mos c. Length of stay in Baltimore 2 years 7 Mo. 3222 Keswick Road Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) Widowed last birthday) Months Days Hours Min. Female 3-2-1881 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House Wife Home Cecil County - Md. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Simpkins Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. No Joseph McDaniel Northwood Apts. Balto . Md. 18. 44 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH (B) Hypertunie arterioschootic DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK . 199 3that I last saw the 22. I hereby certify that I attended the deceased from 3/ deegased alive on 11 de 1953, and that death docurred at 6 m., from the causes and on the date stated above. 234 SIGNATURE 238. ADDRESS Z4A BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Feb. 10.. 1953 Asbury Cemetery Port Deposit. REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Leg A. Patterson, Perryville, Md.



PLEASE correct age

BIRTH NO (Type or Print) 3. PLACE OF DEATH INSTITUTION 5. SEX BREMAN 13. FATHER'S NAME (Yes, no or unknown) 110 18. 42/10

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1365

Registered No_ NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF MATTICL 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR DMICO CAN CO 14. MOTHER'S MAIDEN NAME -auharia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. AVO IV WOOD INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-2 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OPERATION OF 20 AUTOPS YES 2Ic. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 1 195 3 to. 1923, that I last saw the deccased alive on_ , 19 5 3 and that death occurred at 12 2 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY park DATE RECEIVED BY RÉGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

Do Since

	ally supplied.	4.
MARGIN RESERVED FOR BINDING	SE W. E PLA Y, WITH UNFADING INK. Every item of information should be capilly supplied	mportant. Physicians: please write the causes of death clearly and leg-
	E PLA	especially
	SE W	age 1

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1366 Registered No.

	NAME OF L	ECEASED					2. DATE	
(T	ype or Print)	V	AICI	L. NIK	IRK		OF DEATH Feb.	6th, 1953
	PLACE OF E	EATH: City, Marylar	nd			A. STATE	ENCE (Where deceased lived, If B. COUNTY	
	FULL NAME	OF (If not in	hospits	l or institut	ion, give street address or	Md.		
IN	STITUTION				location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
0		3402 Ch	esle;	y Ave.	200	Baltimore	1	me 0 S township)
	the said				Yrs.	D. STREET ADDRE	SS (If rural, give location)	
c.	Length of s	tay in Baltim	ore		Mos. Days	3402 Ches	lev Ave.	
5.	SEX	6. COLOR OR	RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	I Under 1 Year II Under 24 Hours
	female	white		wide	wed (Specify)	Sept.16,187		onths Days Hours Min.
10	A. USUAL OC	CUPATION (Giv of working life, even is	e kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	housewif		1 reureu/	own h		Maryland		USA
	FATHER'S		-	0 112 1		14. MOTHER'S MA	IDEN NAME	O ID-10
		xxxx R	enn			Unknown		
15	. WAS DECEAS	ED EVER IN U.S.	. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
(10	no or unknown)	(If yes, give wa	r or dates	Of service)	SECURITY NO.	Mr. Sherwood	d Bootman, 3402 Ch	eslev Ave.
	18. 11.5 0	m		-	CALICE		33001141,9401 011	INTERVAL BETWEEN
	Toka con	1 000			CAUSE	OF DEATH	1. 01	ONSET AND DEATH
		SE OR CONDI	DEAT	H	A.	ATILAN	whiself	and ! Male
	(This doc	not mean the are, asthenia, etc.	mode of	dying, e. s	(A)	v cu cu	ag jum pfece	- July
	injury or	complication w	vhich c	aused death	DUE TO			
		ANTECEDENT	CAUS	ES	10	1	11/	1/1 2
z					(B) (M)	muc n	egotherde	the Tyles.
0		S OR CONDITION						
A	UNDERL	YING CONDITI	ON LA	5T.	12 002 10		V	
ū					(C)			***************************************
RTIFICATION		11						
2	OTHER S	G TO THE DEATH	CONDI	TIONS CON	١-			
CE		SEASE OR CON						
,	19A. DATE	OF OPERATION	0 15	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y								YES NO
MEDICAL	21A. ACCIL LYING□ O CAUSE OF	ENT WAS UNI R CONTRIBUT	DER-		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			give exact location)
Σ	21D. TIME	(Month) (Day)	(Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY				WHILE AT NOT WHILE			
				m.	WORK AT WORK		· +//-	5
	22. I herel	y certify that	t I att	ended the	deceased from	m & 19 (2, to 40 600, 193	I, that I last saw the
	deccased a	live on tel	5	, 1957,	and that death occur	red at 2 2 m.	, from the causes and on t	he date stated above.
	23A. SIGNA	TURE /	, ,	1111	2	3B. ADDRESS		23c. DATE SIGNED
		Dear	11	10.70	M. D.	100.0	verlen am	2/6/59
24	AA. BURIAL, ON, REMOVAL (CREMA- 24B. E	DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	, or county) / (State)
	burial	Feb.	9.1	953	Pine Grove Ce	meterv	Frederick. Md.	
D.	ATE RECEIVE	D BY REGIS	TRAR	SIGNATI		25. FUNERAL DIR		ADDRESS
L	OCAL REGIS	TRAR	- 4	15	3 6	P	F. ON.	7401 Belair Rd
-	1-10-0		ing Edg	AMERICAN .	at and has I	Janean	Villes Dans	THOSE DOLCARE TOO
	VS 150			/				

	idns	
	ly	
4		1
	ca	legib
	ld be	and
	shou	early
	ation	th cl
DING	form	of deg
BINI	of ir	ises (
OR	item	ne car
ED 1	very	rite tl
MARGIN RESERVED FOR BINDING	K. E	se wi
RES	NI	plea
SGIN	DIN	ians:
MAF	JNFA	Physic
	1	-
	ASE WRITE PLAIT. Y, WITH UNFADING INK. Every item of information should be cally supp	et age is especially important. Physicians: please write the causes of death clearly and legiber.
	Y.	impo
	LAL	ially
	THE PE	espec
	RI	IS.
	M	ge
	ASE	ct a

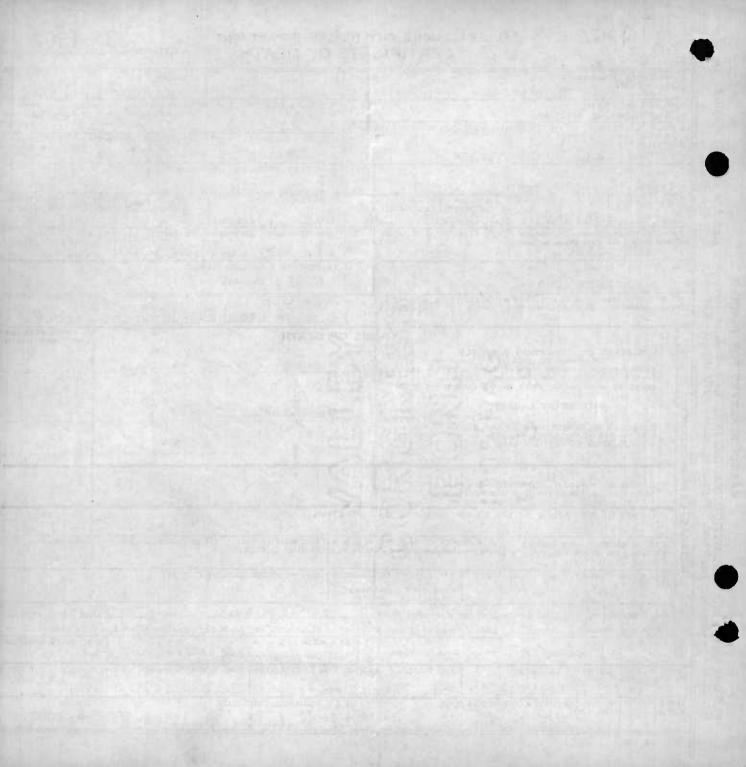
1367 BALTIMORE CITY HEALTH DEPARTMENT

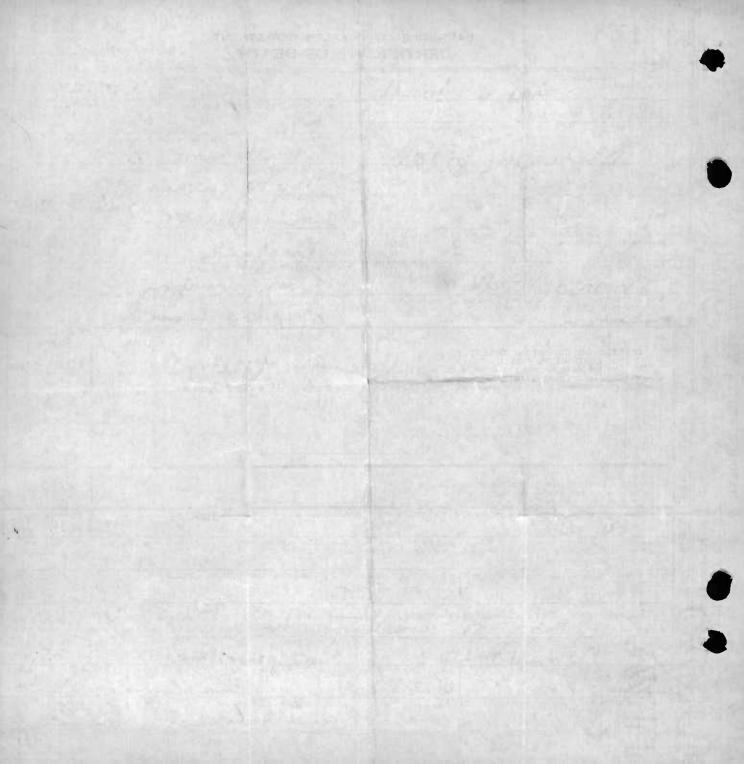
CERTIFICAT	E OF DEATH Registered No.
BIRTH NO. 1. NAME OF DECEASED	
(Type or Print)	2. DATE OF TO TOTAL
Henrietta Thomas	DEATH Feb. 3, 1953
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location	
INSTITUTION	C. CITT OR TOWN
2214 Brunt Street	Baltimore //-03 township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	2214 Brunt Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year It Under 24 Hour
Femal Colored Widowed (Specify	Jan. 22, 1894 last birthday) Months Days Hours Min
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housewife	St. Mary Co., Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
McGure Chase	Loses Brooks
15. WAS DECEASED EVER IN IL S ARMED FORCES? 16 SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
	Ellen Stwart 2214 Brunt Street
18. 443 X CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	Ingestine KIX Failure 2 . th,
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
injury or complication which caused death.) DOE 10	
ANTECEDENT CAUSES	Syperterior !
Z (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
I TRIBUTING TO THE DEATH, BUT NOT RELATED	
U TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
O SE DI ACE OF IN HIDY (-	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg. CAUSE OF DEATH	NJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. work AT WORK	
22. I hereby certify that I attended the deceased from	3, 195, to 2 - 2 3, 195, that I last saw th

deceased alive on 2, 1953, and that death occurred at 3, m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) (State) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 1300 Moreland Ave. Burial Feb. 9, 1953 Cemetery

ADDRESS DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE Arlington &. Phillips 1808 N. Monroe





causes

the

UNFADING Physicians:

important.

PLEASE WRITE PLAIN correct age is especially

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 - 1369Registered No-

WHAT COUNTRY?

INTERVAL SETWEEN

ONSET AND DEATH

20. AUTOPSY

1. NAME OF DECEASED 2. DATE Bettie V. Armacost Feb. 6. 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2939 W. Lanvale St. Baltimore D. STREET ADDRESS (If rural, give location) 15-Yrs. Mos. 2939 W. Lanvale St., c. Length of stav in Baltimore Davs 9. AGE (in years lif Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH

WIDOWED, DIVORCED (Specify) Dec.11.1885 White Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Housework Md.

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Andrew Myers Margaret Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Charles C. Price 2939 W. Lanvale none

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

98. MOJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER. LYING ON CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

22. I hereby certify that attended the deceased from deccased alive on The and that death occurred at 16 4 m., from the causes and on the date stated above. 19.2.

23A. SIGNATURE

NOT WHILE! AT WORK

24C. NAME OF CEMETERY OR CREMATORY / 24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

2-9-1953

Hampstead Cemetery 25. FUNERAL DIRECTOR

238 ADDRESS

Hampstead,

REGISTRAR'S SIGNATURE

Edward C. Tibton

Hampstead. Md.

(If in Baltimore City, give exact location)

OF INJURY

DI Stelstend 1719 Poplar From St

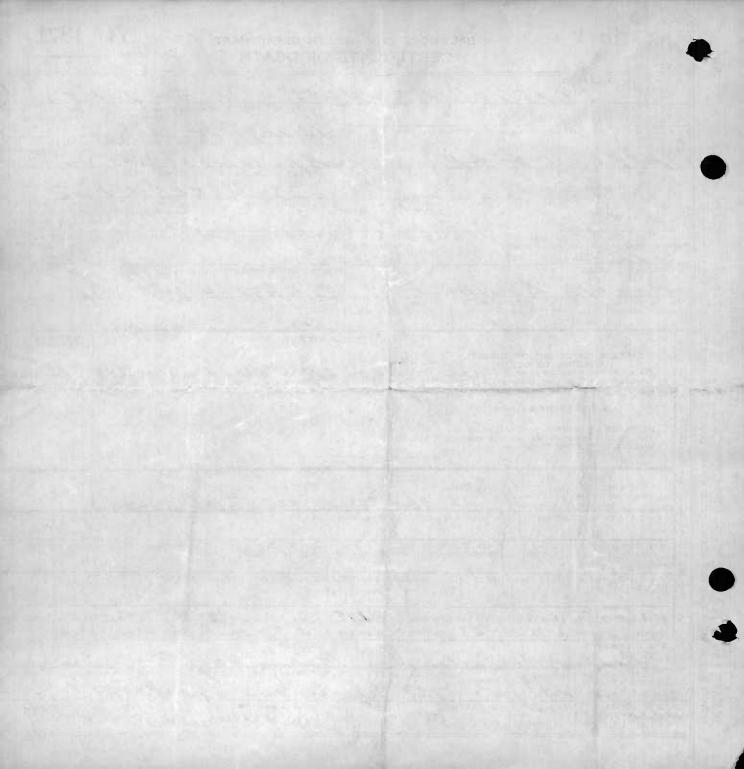
VS 150

RESERVED

6908M

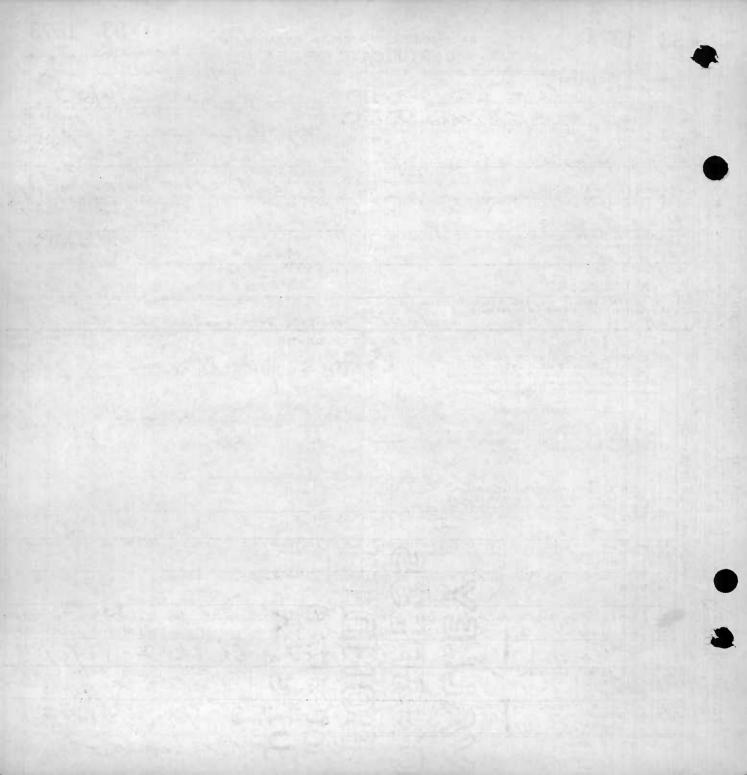
DY. Nogle W. Lally 5103 Thefal Kd HA 2794 STATE OF DESIGNATION AND ASSESSED. an armost white patient we want upot

53 1371 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days on should be 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIE AGE (In years ff Under I Year If Under 24 Hours 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. IOA. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTE information s bedeach 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes INTERVAL BETWEEN 18. 541.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) BLEEDING DU odena (ULCER) (This does not mean the mode of dying, e.g., Ever heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш KEBHROSCLEROGIS EINSW TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS important. 21A. ACCIOENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WORK , 19 that I last saw the deceased alive on 1-4 1953, and that death occurred at ? m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED PLEASE WRI 24A. BURIAL, CREMA-TION REMOVAL (Specify) CATION (City, town, or county) NERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



township)

Cancensona of Marin Car unounce of preat Wen & Berry 1420 t Chare It 3 5 The state of the s

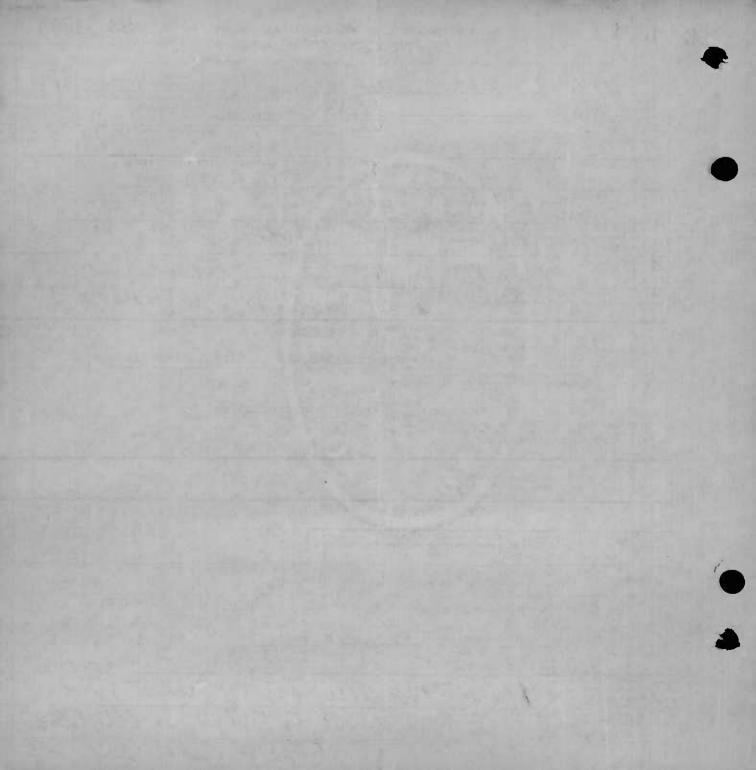


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be call

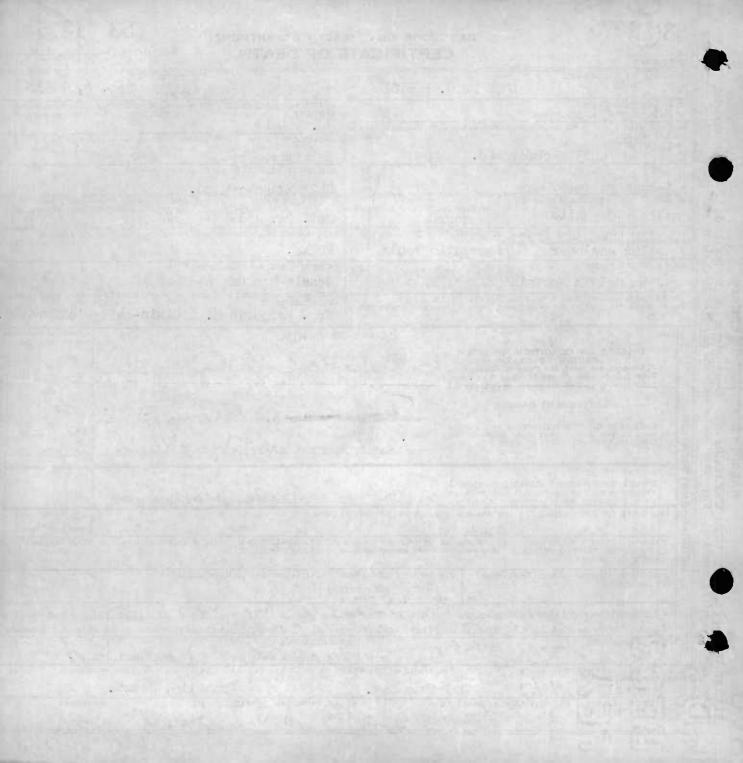
V S 151

MARGIN RESERVED FOR BINDING

	1.379				EALTH DEPARTM		egistered N	1.00 f &	
BIE	RTH NO.			PERTIFICAT	E OF DEATH				
		//	ESSIE	KNABE		DEA	F Febru	ary 6, 19	953
		EATH:	A COM		A. STATE	B.	eased lived. If i	nstitution : resid before adı	lence mission)
HC	SPITAL OR	OF (If not in hospit	tal or institution				corporate limits		and give
IIV:	STITUTION	124 W. 24th	Street				160	0/0	WHSHID
c.	Length of s	tay in Baltimore	LIFE	Mos.		. 24th St	treet		
		6. COLOR OR RACE	WIDOWE	D, DIVORCED (Specify	8. DATE OF BIRTH	P 9. AG	(In years If	Under 1 Year It Under this Days Hour	er 24 Hours B Min.
10.	A SUAL OC	CUPATION (Gire Mind of	10B. KIND	OF BUSINESS OR		te or foreign co	ntry)	12. CITIZEN O WHAT COL	
X)	[[Am+	MESS ILT	<u> </u>		14 MOTHER'S MAIN	FNAME			
1	DEO	A. KNI	A DE		lema	B. 120	wen		
			D FORCES?	16. SOCIAL SECURITY NO.	AY B. NA d	1 337 E	16115	D. a.	
	18. 42	2.1		CAUSE	OF DEATH			INTERVAL E	
		LEADING TO DEA	TH	Arterio	sclerotic card	iovascula	ar diseas	se	
	heart failt	re, asthenia, etc. It mes	ans the disease,	,	•••••••••••••••••••••••••••••••••••••••	***************************************	******************		•
		ANTECEDENT CAU	SES	(B) Cardi	ac decompensat	ion			
NOL	RISE TO T	HE ABOVE CAUSE (A)	STATING THE						
CA				(C)					
RT	TRIBUTING	G TO THE DEATH, BUT	NOT RELATED		•				
C					RATION	, , , , , , , , , , , , , , , , , , ,		20. AUTO	37
DICAL	UNDERLYIN	G OR CONTRIB.	about home, far	CE OF INJURY (e. g., rm, factory, street, office bldg.			timore City, g		en)
ME) (Hour) 2	HILE AT NOT WHILE		NJURY OCCU	R?		
	22. I certi	fy that I took cha			above, held an Ins	pection &	& Inquir	thereon and	d jron
	the ev	idence obtained by	said Autor	sy, Inspection or	Inquiry, find that s	aid deceased	died on th	e day stated	above
			South	7	23B. CHIEF MED ASSISTANT MED	ICAL EXAMIN	ER 23	C. DATE SIGNE	
24 TI	BURIAL,	Specify)	1-3 2						(State)
						1 4		/	
	MEDICAL CERTIFICATION	DISEASE (This does no or unknown) 1. NAME OF D (Type or Print) 3. PLACE OF D A. Baltimore (B. FULL NAME HOSPITAL OR INSTITUTION C. Length of S 5. SEX Female 10A USUAL OCWORD 13. FATHER'S N 15. WAS DECEASI (Yes, no or unknown) 18. 12 OTHER S TRIBUTING INJURY 21A. EXTERI UNDERLYIN UTING C 21A. EXTERI UNDERLYIN UNDERLYIN UNDERLYIN UTING C 21A. EXTERI UNDER	DIRTH NO. 1. NAME OF DEPLASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION) 124 W. 24th c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE Female White 10A/USUAL OCCUPATION (Green and or institution) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date (Yes, no or unknown) (If yes, give war or date 18. 422 DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L OTHER SIGNIFICANT CONDITION L TRIBUTING TO THE DEATH, BUT OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT OTHER SIGNIFICANT CONDITION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year OF INJURY) 22. I certify that I took cha the evidence obtained by and death in my opinion 23A. SIGNATURE	BIRTH NO. 1. NAME OF DEPLASED (Type or Print)	EIRTH NO. 1. NAWE OF DEPLASED (Type or Print) 1. NAWE OF DEPLASED (Type or Print) 2. FLACE OF DEATH: 3. PLACE OF DEATH: 4. Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address or location) 124 W. 24th Street Yrs. Mos. 7. SINCHE MARRIED. Days 5. SEX 6. COLOR OR RACE 7. SINCHE MARRIED. Days 6. COLOR OR RACE 7. SINCHE MARRIED. Days 7. SINCHE MARRIED. Days 7. SINCHE MARRIED. NO. 13. SATHER'S NAME 14. SATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARNED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARNED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL (Arterio: ANTECEDENT CAUSES CAUSE DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) DISEASE OR CONDITION CAUSING IT WHILE AT NOT W	ERTH NO. I. NA SE OF DESTASED (Type or Print) S. PLACE OF DEATH. A. Baltimore City, Maryland S. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR INSTITUTION 12/4 W. 24th Street C. Length of stay in Baltimore S. SEX G. COLOR OR RACE 7. SIMPRE, MARRIED, Most of Color of Real of Maryland S. SEX G. COLOR OR RACE 7. SIMPRE, MARRIED, Most of Maryland S. SEX G. COLOR OR RACE 7. SIMPRE, MARRIED, Most of Maryland S. SEX G. COLOR OR RACE 7. SIMPRE, MARRIED, Most of Maryland WIDOWED, DIVORCED (Specify) Formale White 10. STREET ADDRESS or INDUSTRY III. BIATHPLACE (Statement of Maryland) 11. BIATHPLACE (Statement of Maryland) 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 13. WATHER'S NAME 14. MOTHER'S MAID 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL YOUNG TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION DIRECTLY EADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASES OR CONDITIONS, IF ANY, GIVING ANTECEDENT CAUSES 18. CARDIAC CAUSE 19. CARDIAC CONTRIB. 210. TIME SIGNIFICANT CONDITIONS CONTRIB. 211. TIME (Month) (Day) (Year) (Hour) 212. Lexternal Cause was UNDERLYING OR COUNTRIB. 213. ADATE OF DEATH. 214. TIME (Month) (Day) (Year) (Hour) 215. HIME (Month) (Day) (Year) (Hour) 216. HIME (Month) (Day) (Year) (Hour) 217. HOW DID I. MORY (R. g. in or part of the condition of the con	ERTH NO. 1. NAW: OF DEPLASED (Type of Pinish / Na) JESSIE 3. PLACE OF DEATH 3. PLACE OF DEATH 3. Baltimore City, Maryland 6. FULL NAME OF 1. MARE OF 1. MA	ERTH NO. 1. NAWE OF DEFASED (Type or Print) 3. PLACE OF DEATH A USUAL RESIDENCE (Where deceased lived it is a STATE of DEATH A. STATE Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1. LANGE OF DEATH 5. SEX 6. COLOR OR RACE 7. SINGRE MARRIED. WHO DEATH MOD. 1. LANGE OF BRITH 1. SATE ADDRESS (If veral, give location) 1. STREET ADDRESS (If veral, give location) 1. SATE OF BRITH 3. ACFIIT years 1. SATE OF BRITH 1. SATE OF BRITH	BIRTH NO. I. NAME OF GERASED (Type or Print) JESSIE KNABE A. LUBUAL RESIDENCE (Where decembed lived, institution, give street address of CAPTH Baltimore City, Maryland 9. FULL NAME OF (If not in heapital or institution, give street address of CAPTH NO. 1. STATE A. S



DK		3 1375	E9 49ME
		BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT 53 1375 E OF DEATH Registered No
ed.	1.	NAME OF DECEASED (Ype or Print) LEONARD C. ROBISIN	of Feb. 6, 1953
ally supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
ns /	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
-	IN	4423 Wickford Rd.	Baltimore 27-14 township)
legion.		Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)
nd b	n	nale 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 24, 1915 9. AGE (in years if Under 1 Year Months Days Hours Min.
on she clearl	work	DA. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) sales engineer Pneumatic Tools	Penna. 12. CITIZEN OF WHAT COUNTRY?
INDING f information should es of death clearly a	13	John Calvin Robisin	14. MOTHER'S MAIDEN NAME Jessie Mae Grove
BINDIN of infor	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Marjorie M. Robisin-4423 Wickford Rd
FOR y item		DISEASE OR CONDITION DIRECTLY	of DEATH INTERVAL BETWEEN ONSET AND GEATH Shin.
RESER 3 INK. please	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	noichestic Heart Union 5 years
MARGIN JNFADING	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	vielenie generalija
h-1	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY7
Y, WITH	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., li about home, farm, factory, street, office bldg., e	
	_	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID INJURY OCCUR?
E PL		22. I hereby certify that I attended the deceased from deceased alive on 1983 and that death occur	red at S. from the causes and on the date stated above.
e W			38. ADDRESS 110/N. Calvert El. pello-2 2/7/53
PLEASE W	710	AA. BURIAL, CREMA- ON, REMOVAL (Specify) 2/9/53 Graham Cem.	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Franklin, Penna.
PLE	D/LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
-	-	vs 150 049	36 Bacto 17, Mid.



supplied.

item

PLEASE

RESERVED

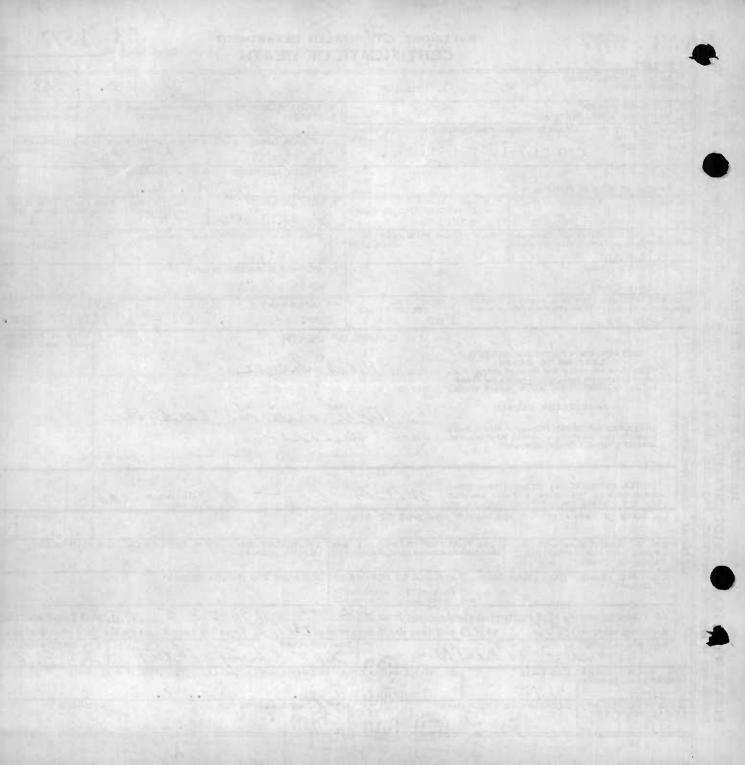
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

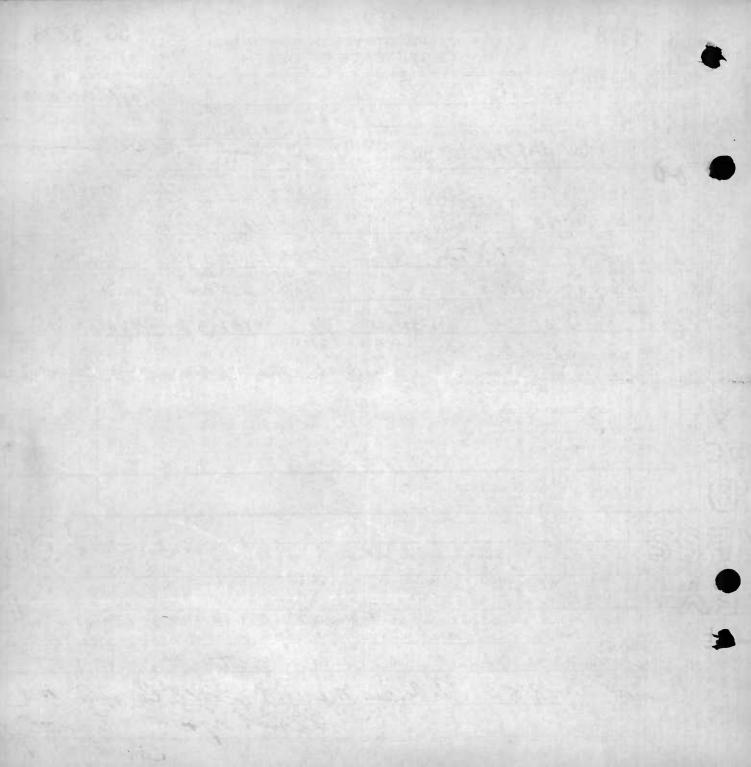
53 1376

Registered No. 1. NAME OF DECEASED 2. DATE BEATRICE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in h (If not in hospital or institution, give street address or Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 600 S. Chapel Gate Lane Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3305 Winterbourne Rd. c. Length of stay in Baltimore Days should be 9. AGE (In years If Unday I Year If Unday 24 Hours Min. 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female white information shoul 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tsabelle Andrew Robinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes no none Mr. George O. Blome - 1817 Munsey Bldg. INTERVAL BETWEEN 18. 11 1 CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (Dronchopneumonia bilateral heart failure, asthenia, etc. It means the disease, DUE TO ChroNIC MYUCARDITIS AND injury or complication which caused death.) ANTECEDENT CAUSES (B) (MYUCHRDIAL DegeneRATION with DUE DWITH Congestron OF Lungs AND INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: 1 100 A45 UNDERLYING CONDITION LAST. EXTRE MITIES ERI'SCLEROSIS AND OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED BENILITY TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from JANUARY 29, 1953, to Februar 1 1953, that I last saw the deccased alive on February (195), and that death occurred at 1.45 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Loudon Park Cem. Balto., Md. Burial DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

ing over the latter of the second at TO DEAL PROPERTY OF THE RESERVE OF THE PARTY And the second of the second o

81	53 13 IRTH NO.	77			E OF DEATH	Register	53 1377 red No.
	NAME OF DE		USSELL	G. ENELL		2. DATE OF DEATH	Feb. 6, 1953
A.		ity, Maryland			4. USUAL RESIDENCE		
	FULL NAME O OSPITAL OR ISTITUTION	3403 Liber		ion, give street address or location)		If outside corporate	limits, write RURAL and gr
_	Langth of st	ay in Baltimore		Yrs. Mos.	b. STREET ADDRESS (1)		on)
	SEX	6. COLOR OR RACE	WIDOW	Days E. MARRIED. /ED.DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yea	urs
0	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	I 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTE
3	Otto En	AME	N (OOM)	(4	14. MOTHER'S MAIDEN	NAME	
15 Yes	. WAS DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT	Enell - 31	ADDRESS 403 Liberty Hgts
	(This does heart failur	LEADING TO DEAT not mean the mode of e, asthenia, etc. It mea complication which c	of dying, e. g	e.	is falure		••••••••••••
בודות	(This does heart failur injury or of the true to the UNDERLY!	not mean the mode of e, asthenia, etc. It mea complication which control of the open to th	IH If dying, e. g. If dying, e. g. Is the disease aused death SES FANY, GIVIN STATING TH IST. TIONS CON NOT RELATE	(B) ANALUM	teres selevotre		
L CERTIFIC	(This does heart failur injury or of the sign of the s	not mean the mode of e, asthenia, etc. It mea complication which control of the c	IH If dying, e. g If dying, e. g Is the disease Raused death SES F ANY, GIVIN STATING TH IST. TIONS CON NOT RELATE CAUSING I	(B) ANALUM	terioselerotie mense:	Runn	20. AUTOPSY
EDICAL CERTIFIC	OTHER SITRIBUTING TO THE OF	not mean the mode of, asthenia, etc. It mean complication which complication which complication which complication which complication complication is a series of condition to the ocath, but sease or condition to the ocath, but complicated on the complication of the ocath, but complicated on the complication of the ocath, but complicated on the complication of the	ITH If dying, e. g. If dying, e. g. Is the disease aused death SES F ANY, GIVIN STATING TH STATING	(B) asi	terioselerotre inease: 2a /	Meuno	ua
EDICAL CE	OTHER SITE TO THE OIS 19A. DATE OF LYING OR CAUSE OF D	not mean the mode of, asthenia, etc. It mean complication which complication which complication which complication which complication complication is a series of condition to the ocath, but sease or condition to the ocath, but complicated on the complication of the ocath, but complicated on the complication of the ocath, but complicated on the complication of the	ITH If dying, e. g. If dying, e. g. Ith the disease aused death SES F ANY, GIVIN STATING TH STA	(B) ASA (B) ASA (C) CONTROL FINDINGS OF OPE	ELICOSELETOTE LICASE ZATION ZATION Z1C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY	Allunov (If in Baltimore C	20. AUTOPSY7 YES NO
MEDICAL CERTIFIC	OTHER SITURE OF LYING OF LYING OF CAUSE OF DELL'S OF DEL	not mean the mode of e, asthenia, etc. It mean complication which complication which complication which complication which complication which complication is a series of the complication of the object of the obje	of dying, e. g. f. dying, e. g. f. dying, e. g. f. dying, e. g. f. disease. aused death fees for the fees for the fees for the fees fees for the fees fees fees fees fees fees fees fe	(B) OUE TO (B) OUE TO (C) OU	in or 21c. WHERE DID INJURY OCCUR? LED 21F. HOW DID INJURY 4, 1953to	Off in Baltimore Correctors	20. AUTOPSY7 YES NO





ı	1 40	
l	_	DIMO a
		1.4 /19
1	D	True and
1	BIRTH	NO.
н		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

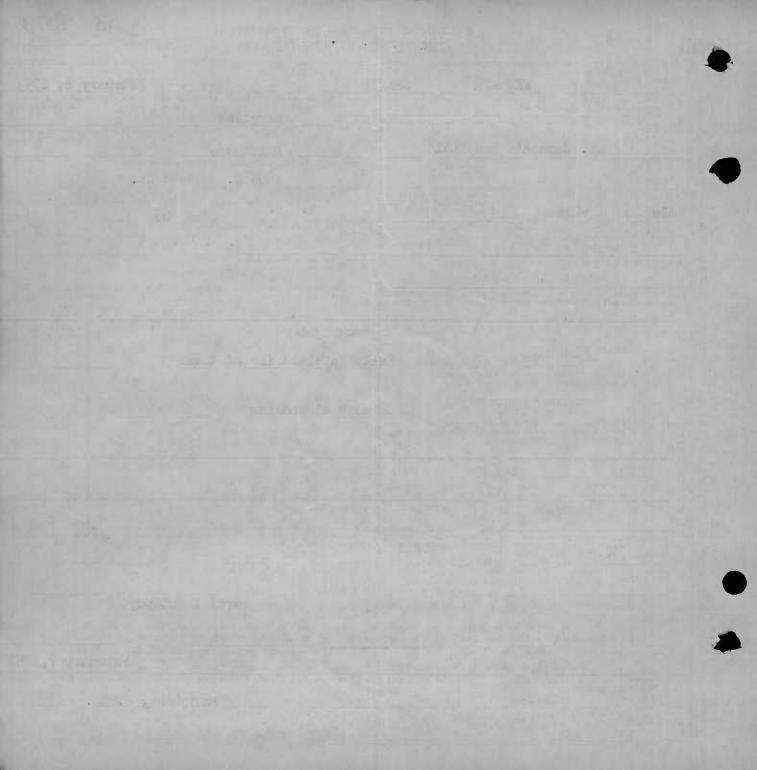
53	1379

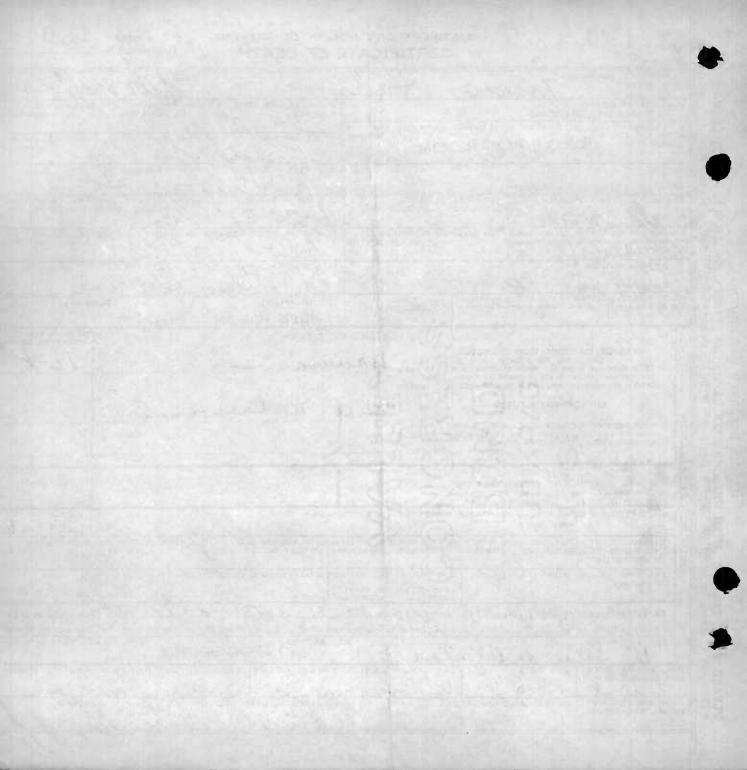
Registered No-

1.							
(T	NAME OF DECEASED Cype or Print) KEN	NETH	SHAFER		2. DATE OF DEATH Febr	nary 6, 1953	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDEN	CE (Where deceased lived, I		
В.	FULL NAME OF (If not in hospit	al or institut	ion, give street address or	Maryla	nd		
	OSPITAL OR ISTITUTION	Vocnit	location)	c. CITY OR TOWN	13	its, write RURAL and give	
13	St. Joseph's	nospre	Yrs.	Baltin	ore (If rural, give location)	0>	
c.	Length of stay in Baltimore		Mos. Days		. Calvert St.		
1	SEX 6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years	H Under 1 Year H Under 24 Houselonths; Days Hours: Min	
Me	ale White		Diversed (spens)	Oct. 23, T90	145	Days Hours Mill	
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY	
-	Islorer	M	n l nov n	Preston Co			
13	George L. Sha	ffor			Stansbury		
1 =	5. WAS DECEASED EVER IN U. S. ARMEI		16, SOCIAL				
(Ye	s, no or unknown) (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	Voc W.W 2				Rogers-Morgantow	INTERVAL BETWEE	
	18. 581.1	515-6-1	CAUSE	OF DEATH		ONSET AND DEAT	
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode)	TH	Fatty 1	infiltration o	f liver		
	heart failure, asthenia, etc. It men injury or complication which	ans the diseas	e,	•••••••••••••••••••••••••••••••••••••••		***************************************	
	ANTECEDENT CAU		, , , , , , , , , , , , , , , , , , , ,				
-	Chronic Alcoholism						
ō	DISEASES OR CONDITIONS, I	STATING TI					
AT	UNDERLYING CONDITION LA	AST.	(C)	•••••			
RTIFICATION	II						
RTI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT		4 -				
i.i.							
U	194 DATE OF OPERATION 1	CAUSING I	Т.	ATION		20. AUTOPSY?	
		CAUSING I		ATION		20. AUTOPSÝ? YES X NO	
	19a. DATE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	or 21c. WHERE DID	(If in Baltimore City,	YES X NO	
	19a. DATE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	or 21c. WHERE DID	(If in Baltimore City,	YES X NO	
MEDICAL C	19a. DATE OF OPERATION 1 21a. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	21B. PLA	T. FINDINGS OF OPER CE OF INJURY (c. g., in arm, factory, street, office bldg., c. 21E. INJURY OCCURRI	2 or 21c. WHERE DIC to.) INJURY OCCUR?		YES X NO	
	19a. DATE OF OPERATION 1 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21b. TIME (Month) (Day) (Year) OF INJURY	218. PL/about bome,	T. FINDINGS OF OPER CE OF INJURY (e. g., if arm, factory, street, office bidg., e	21c. WHERE DID INJURY OCCUR?	NJURY OCCUR?	YES X NO	
	19a. DATE OF OPERATION 1 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21b. TIME (Month) (Day) (Year)	218. PL/about bome,	T. FINDINGS OF OPER CE OF INJURY (e. g., if arm, factory, street, office bidg., e	ED 21f. HOW DID II	NJURY OCCUR?	yes X No give exact location) thereon and from	
	19a. DATE OF OPERATION 1 21a. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH. 21b. TIME (Month) (Day) (Year) OF INJURY 22. I certify that I took charthe evidence obtained by	9B. MAJOR 21B. PL/ about bome, (Hour) m. rge of the said Auto	FINDINGS OF OPER CE OF INJURY (e.g., in arm, factory, street, office bldg., e 21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK remains described at apsy, Inspection or I	bove, held an Aunquiry, find that so	NJURY OCCUR? TTIAL Autopsy topsy, Inspection or Inquiry aid deceased died on t	give exact location) thereon and from the day stated above	
	19a. DATE OF OPERATION 1 21a. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH. 21b. TIME (Month) (Day) (Year) OF INJURY 22. I certify that I took char	9B. MAJOR 21B. PL/ about bome, (Hour) m. rge of the said Auto	FINDINGS OF OPER CE OF INJURY (e.g., in arm, factory, street, office bldg., e 21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK remains described at apsy, Inspection or I	bove, held an Panguiry, find that so	NJURY OCCUR? Ttial Autopsy topsy, Inspection or Inquiry aid deceased died on toticide [],	yes No give exact location) thereon and from the day stated above undetermined	
	19a. DATE OF OPERATION 1 21a. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) OF INJURY 22. I certify that I took charthe evidence obtained by and death in my opinion	9B. MAJOR 21B. PL/ about bome, (Hour) m. rge of the said Auto	FINDINGS OF OPER CE OF INJURY (e.g., in arm, factory, street, office bldg., c 21e. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK remains described at approximation of Irom: natural eauses	bove, held an Aunquiry, find that so Assistant Med	NJURY OCCUR? Irtial Autopsy topsy, Inspection or Inquiry aid deceased died on too icide , homicide , icide , homicide , ICAL EXAMINER	yes No give exact location) thereon and from the day stated above undetermined	
MEDICAL	19A. DATE OF OPERATION 1 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) OF INJURY 22. I certify that I took char the evidence obtained by and death in my opinion 23A. SIGNATURE	218. PL/about bome, (Hour) Type of the said Autoresulted for the said	FINDINGS OF OPER CE OF INJURY (e.g., in arm, factory, street, office bldg., c 21e. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK remains described at approximation of Irom: natural eauses	bove, held an Aunquiry, find that so Assistant Medical inves	NJURY OCCUR? Irtial Autopsy topsy, Inspection or Inquiry aid deceased died on too icide , homicide , icide , homicide , ICAL EXAMINER	thereon and from the day stated above undetermined 3c. DATE SIGNED bruary 7,1953	
MEDICAL	19A. DATE OF OPERATION 1 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) OF INJURY 22. I certify that I took char the evidence obtained by and death in my opinion 23A. SIGNATURE	218. PL/about bome, (Hour) Type of the said Autoresulted for the said	FINDINGS OF OPER CE OF INJURY (c. g., in arm, factory, street, office bldg., c 21E. INJURY OCCURRING WHILE AT NOT WHILE WHILE AT WORK remains described a psy, Inspection or I rom: natural eauses	bove, held an Aunquiry, find that so Assistant Medical inves	NJURY OCCUR? Trial Autopsy topsy, Inspection or Inquiry aid deceased died on toicide, homicide, ICAL EXAMINER	thereon and from the day stated above undetermined 3c. DATE SIGNED bruary 7,1953	

151

PLEASE WITTE PLAINLY, WITH correct age is especially important.





information

of

causes

the

Every write th

UNFADING Physicians: p

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

240. LOCATION (City, town, or county)

VE

Registered No-1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give c. CITY OR TOWN Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) II Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) WIDOWEL 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE DERMANY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ATHERINE G 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. OUNG. INTERVAL BETWEEN CAUSE OF DEATH 22.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONlevoris, legenteusion, des application ū TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK alw. 10 4 sh 6 19 7 to , 1943, that I last saw the 22. I hereby certify that I attended the deceased from. 19 3, and that death occurred at 2 Q deceased alive on_ _m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23C DATE SIGNED N/6 /81

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

24A. BURIAL, CREMA-JURIAL DATE RECEIVED BY LOCAL REGISTRAR

VS 150

D. Dobinal
4474Kanwood.
08.3910

VS 150

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 1382

he	BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	1000
ed. 7	1. NAME OF DECEASED ZOE V	TISDALE	2	DATE OF DEATH FE B	6,1953
supplied	a. Baltimore City, Maryland		4. USUAL RESIDENCE (When		tution: residence before admission
ully su	HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If out	side corporate limits, wr	ite RURAL and giv
	1009 BRENT W			al, give location)	0.11
l be c	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SIN WIL	OWED, DIVORCED (Specify)	1009 DRE	AGE (In years of Under last birthday) Months	1 Year II Under 24 Hour
should be early and l	10A. UGUAL OCCUPATION (Give kind of work days during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	54	CITIZEN OF
information shouls of death clearly	HOUSEWIFE -	INDUSTRY	64 FTO.	U	SA .
orma	SCORGE ALDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCE	SON.	MARY LA		
of inf	(Yes, no or naknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	Wm.C. TISDA	LE SA	ESS ME
Every item of in write the causes	18. 754, 4 DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., (A)	//		INTERVAL BETWEE
	injury or complication which caused d	eath.) OUE TD			
ING INK.	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)			
UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED			
hed	19a. DATE OF OPERATION 19B. MA.	JOR FINDINGS OF OPERA	TION		YES NO
Y, WITH important.	21A. ACCIDENT WAS UNDER. LYING OF CONTRIBUTING about h	PLACE OF INJURY (e. g., in o ome, farm, factory, street, office bldg., etc.		Baltimore City, give	exact location)
>>	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY O	CCUR?	
FE PLA especiall	22. I hereby certify that I attended	the deceased from	19×6 to)	careses and on the d	at I last saw th
IIS	deceased alive on 10/6, 19 5	Sand that death occurred 23s	B. ADDRESS	Allie 3	AC. DATE SIGNED
	24A. BURIAY. CREMA-124B. DATE TION REMOVAL (Specify) 2-10-53	LOU DON		TION (City, town, or c	AU Md
PLEASE correct ag			5 FUNERAL DIRECTOR		DRESS AND L

Dr. B Bross Q.

240 & Estaw M.

La 244) Ro, 2941

BIRTH NO

supplied.

ully

pe and

on should clearly an

information

of

causes of

Every item write the cau FOR

UNFADING Physicians: p

WITH

PI

国

PLEASE

especially important.

IS

age

BINDING

RESERVED

MARGIN

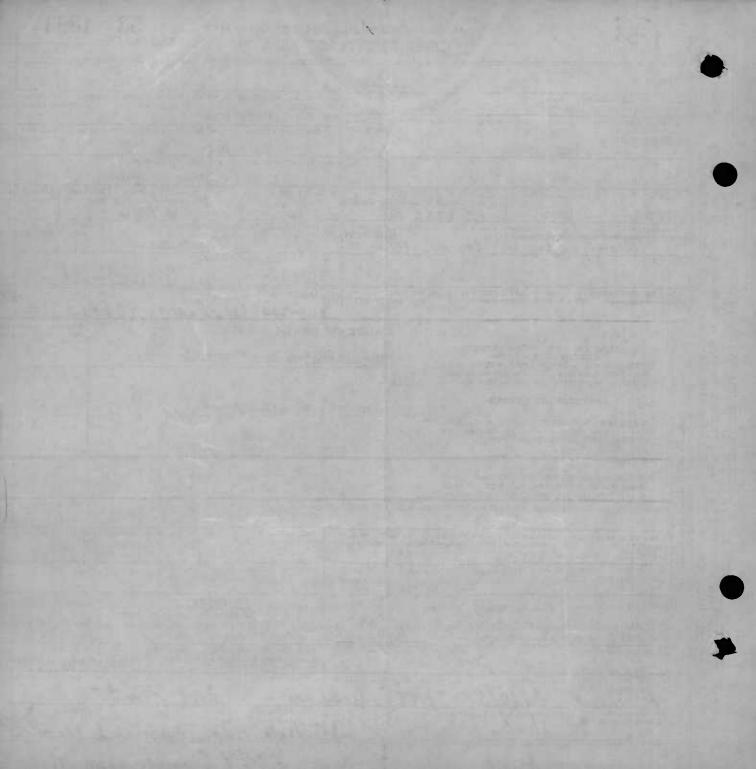
legibly.

BALTIMORE CITY HEALTH DEPARTMENT

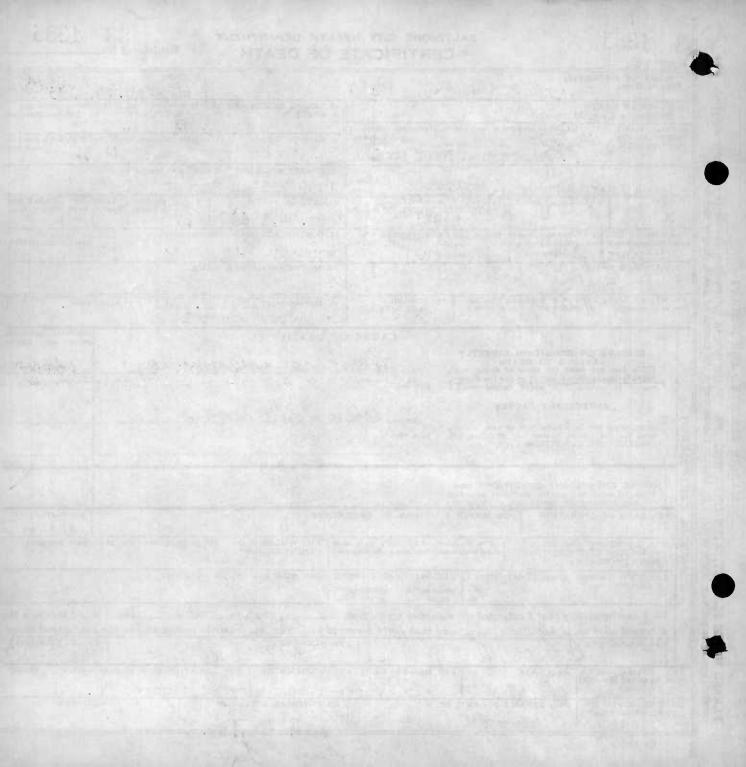
53 1383

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) EMMA WILSON February 5. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give Provident Hospital Baltimore o. STREET ADDRESS (If rurai, give location) Yrs. Mos. 805 N. Bruce Street c. Length of stay in Baltimore Days 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) Colored Female 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF work done during most of working life, e mil estired) WHAT COUNTRY 14. MOTHER'S MAIREN NAM 13. FATHER'S NAME 15. WAS DECEASED EVER INJU. S. ARMED FORCES? 16. SOCIAL INFORM (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hypertensive cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DEDECTION ANTECEDENT CAUSES Cerebral hemorrhage ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\mathbb{D}\), suicide \(\mathbb{D}\), homicide \(\mathbb{D}\), undetermined \(\mathbb{D}\). 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24B, DA 1 4c, NAME OF CEMP TERY OR CREMATORY LOCATION (City, town, or county) REGIS LOCAL REGISTRAR

V S 151



3	1.385 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 53 E OF DEATH Registered No.	1385			
1. (T	NAME OF DECEASED (Spe or Print) ANDREW REMMEL	2. DATE OF DEATH Feb. 5	5, 1953			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)			
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)					
	1831 N. Patterson Park Avenue	C. CITT OR TOWN (II outside corporate finites, v	vrite RURAL and give township)			
B	Yrs.	D. STREET ADDRESS (If rural, give location)				
c.	Length of stay in Baltimore 72 years Mos. Days	1059 Hillen Street				
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify)		fer i Year If Under 24 Hours ns Days Hours Min.			
10	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR K done during most of working life, even if retired) INDUSTRY	11 DIDTING ACE/Ctote on Consider constant	CITIZEN OF			
	Harness Maker Saddlery	Germany	WHAT COUNTRYS			
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	John Remmel	?-				
Yes	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NO NO	17. INFORMANT 1831 N. Patter 200 Mr Andrew Boemmel	ress. Aveni			
	18. 331 X CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rebral Hemorrhage	100			
	heart failure, asthenia, etc. It means the disease,	corae semonarye	19ag			
¥	injury or complication which caused death.) DUE TD		0			
ANTECEDENT CAUSES (B) Arterio Sclerosis -						
NO F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
AT	UNDERLYING CONDITION LAST, (C)		0			
KILLICA	(0)					
2	OTHER SIGNIFICANT CONDITIONS CON-					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
ر	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
DICAL	21a. ACCIDENT WAS UNDER- 218. PLACE OF INJURY (e. g., in	nor 21c. WHERE DID (If in Baltimore City, give	YES NO			
ב ב	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e		cauce rocavious			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
	OF INJURY WHILE AT NOT WHILE					
	22. I have by contifue that I attended the decaged from 9	12- 1953 to Fels 5- 1953	that I last easy the			
22. I hereby certify that I attended the deceased from Jan 12 , 1953, to 7, etc 5 - , 1953, that I last saw the deceased alive on 1264 4 - , 1953, and that death occurred at 1240 Pm., from the causes and on the date stated above.						
		3B. ADDRESS	23C. DATE SIGNED			
	Cedill Atall Mit M.D.	163/2 North line	treb-7-1733			
TIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)					
P	burial 2/9/53 Holy Fedee		DDRESS			
	OCAL REGISTRAR	HENRY SANDER & SONS, INC.				
	109-1453	BALTO, U3 AMD.				
	VS 150	Heorge F Sander				
		John John C				



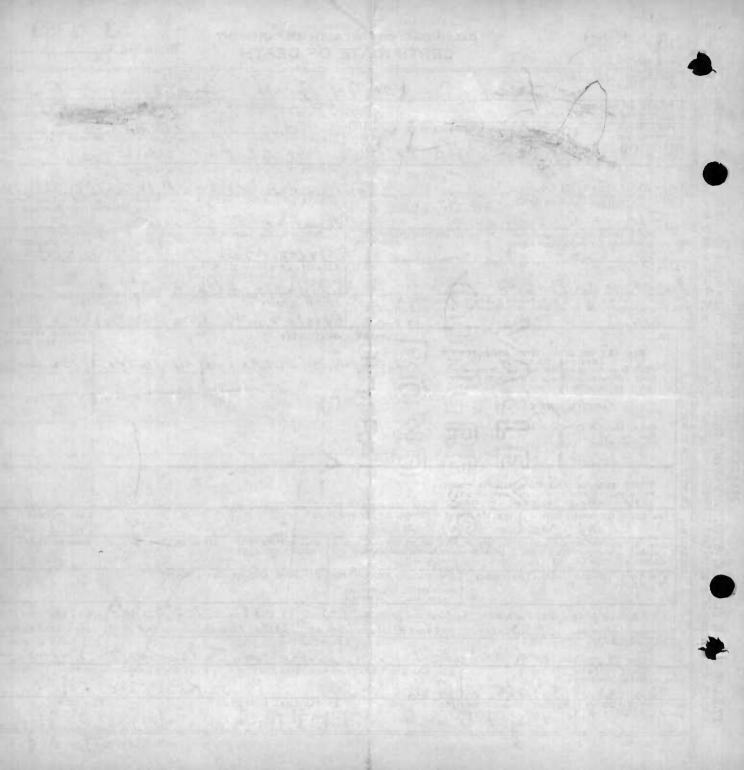
1386 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OHNSON, ERNES (Type or Print) OF illy supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR ADM WISTRANOLE. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION PASSEDENA MCHILL BANK D. STREET ADDRESS (If rural, give location) Yrs. Mos. information should be conformation of death clearly and leg c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years If Under 1 Year last birthday) Months; Days 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Hours Min. 10A. USUAL OCCUPATION (Givekind of) BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHATCOUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no by unknown) (17) 6. give my or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO WIFE MRS TESSUE JOHNSON INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: pl DUE TO UNDERLYING CONDITION LAST. (C) mary Edema OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION WITH DICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 55.19 22. I hereby certify that \ attended the deceased from_ 19_, that I last sow the deformation by the based as by 1982. and that death occurred at_ A.m., from the causes and on the date stated above. 23A. SIGNATURE 2367ADARESS 23c. DATE SIGNED PLEASE WI M. D. 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) -03 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

X	Samuel Street
	1 -
1	7
	he
	2
	d.
	plic
	dn
	200
	ull
4	SH1
1	
	be
	pI
	noi
	30
	ion
	lat
NG	rn
DI	nfo
Z	.F
M	0 0
OR	ter
Ē	V.
Q	ver
2	国
EF	×
ESS	Z.
MARGIN RESERVED FOR BINDING	5
Z	Z
RG	9.
IA	IF.
A	5
	H
	L
	3
	PL. LY, WITH UNFADING INK. Every item of information should be fully supplied. The
	7
	ą:
	PI
	E
	E
4	5
	E
	A
	LE
	11.

5	0 10019	EALTH DEPARTMENT 53 E OF DEATH Registered No	1387		
	NAME OF DECEASED His My Peeler	2. DATE OF DEATH 2/5	753		
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission)		
H	FULL NAME OF (If not is hospital or institution, give street address of OSPITAL OR Ideation STITUTION)		ite RURAL and give township)		
14	Yrs. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	over 22		
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years 1 Under	Veet II Under 24 Hours Days Hours Min.		
10 wor	a. USUAL OCCUPATION (Give kind of the done doring most of working life, eyen if retired) INDUSTR'		CITIZEN OF WHAT COUNTRY		
	Leonge mc Cabe	14. MOTHER'S MAIDEN NAME			
(Ye	(If yee, give war or dates of service) (If yee, give war or dates of service) (If yee, give war or dates of service)	17. INFORMANT ADDR	RESS		
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (B) (C)	Restire fear. Risease			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT	PATION	20. AUTOPSY2		
CAL	21a, ACCIDENT, SUICIDE. 21b, PLACE OF INJURY (e. g.,		YES NO		
MEDI	HOMICIDE (Specify) about bome, farm, factory, street, office bldg.				
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY m. WHILE AT NOT WHILE AT WORK				
	22. I hereby certify that I attended the deceased from 2/3, 1953 to 2/5, 1953 that I last saw the deceased alive on 2, 1952, and that death occurred at 1255 pm., from the causes and on the date stated above				
	23A SIGNATURE Show J. Mass M.D.	236. ADDRESS LICEN Hapitel?	a DATE SIGNED		
T	Durial (Specify) Feb 9/953 Glew Har	ven hem. A			
Lo	FFR 9 = 1953 REGISTRAR'S SIGNATURE	Dury 3 Spine 4001 A take A	igh way		
	VS 150		V		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE fully supplied. (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RUNAL and give C. CITY OR TOWN INSTITUTION township) Dalto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore move Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Dec. 10, 188 widowed clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR) WHAT COUNTR information s s of death cle Domest trankl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15- 020V MOYT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yee, give war or dates of service) SECURITY NO NOVE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO NFADING UNFADA: (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. 21A. ACCIDENT. SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ecially NOT WHILE WHILE AT WORK ace .. 20 19 ... that I last saw the 22. I hereby certify that I attended the deceased from, 鱼 om. from the causes and on the date stated above. deceased alive dn_ and that death occurred at. 28c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS 36 celon 24A. BURLAL, CREMA-248. DATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) CO. 344,3 DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

The challenger of the state of the state of



15	3 1390	CERTIFICATI		Registered No	1390
В	IRTH NO.	CERTIFICATI	E OF DEATH		
	. NAME OF DECEASED Type or Print)	JOSEPH ARMSTR	ONG	2. DATE OF DEATH Feb. 5	1953
3 A	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		
H	OSPITAL OR NSTITUTION	institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and gi
-	Universi	ty Hospital	Baltimore		1
	34	Yrs. Mos.	D. STREET ADDRESS (If I		
200712	Length of stay in Baltimore	Days	661 Vine		
5	Male 6. COLOR OR RACE 7.	SINGLE, MARRIED, MIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Months	
wor	OA. USUAL OCCUPATION (Give kind of the kin	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reigh country) 12.	CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
1	intengin-		unknin	en-	
13	S. WAS DECEASED EVER IN U. S. ARMED FOR		17. INFORMANT	ADDR	ESS A
(x	es, no or unknown) (If yes, give war or dates of se	SECURITY NO.	Many Smith	6 619/100	2 Street
	18.4221	CALISE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIR		OF DEATH		ONSET AND DEAT
	LEADING TO DEATH		sclerotic cardiov	acquilan dicas	
	(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ne disease.	setetonic calmio.	arculatu.rear!	£,
	ANTECEDENT CAUSES				
HON	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING TING THE DUE TO			
1		(C)			
ERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE OISEASE OR CONDITION CAN	RELATED			
1 C	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		YES NO
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about of DEATH.	1B. PLACE OF INJURY (e. g., in ut bome, farm, factory, street, office bldg., e	or 21c. WHERE DID (II	I in Baltimore City, give	exact location)
M	210. TIME (Month) (Day) (Year) (Hot OF INJURY	21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22 I contife that I took I to		inspect	ion & inquiry	

PLEASE WITTE PLAINLY, WITH correct age is especially important.

Every item of information should be verefully supplied. write the causes of death clearly and legibly.

BINDING

RESERVED FOR

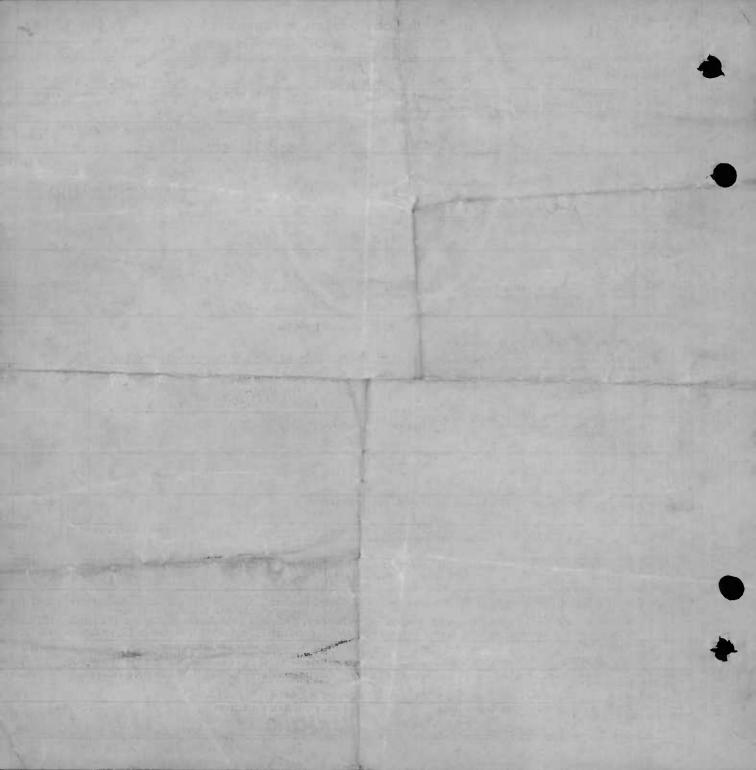
UNFADING INK. Physicians: please MARGIN

> I certify that I took charge of the remains described above, held an the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses [], accident [], suicide [], homieide [], undetermined []. 238. CHIEF MEDICAL EXAMINER.
> ASSISTANT MEDICAL EXAMINER.
> MEDICAL INVESTIGATOR...... 23A, SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify) 248. DATE

DATE RECEIVED BY EGISTRAR'S SIGNATURE

V S 151



Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE yolia (Type or Print) supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City. Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN Ilf outside corpo at dimite Write WAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OF RACE . SINGLE, MARRIED 8. DATE OF AGE (in year) WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours | Min. enul widowed -10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, wen if retired) INDUSTRY WHAT COUN wisewill much 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nearer rations 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS. (If yee, give war nr dates of service) (Yes, no or unknown) SECURITY NO. Man 2928 causes 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO artenio selentie Cardio Vasaller ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING dellase RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\bar{0}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important, 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WORK AT WORK 19.53, and that death occurred at 5.32, m 22. I hereby certify that I attended the deceased from 1106. 1903, that I last saw the a.m., from the causes and on the date stated above. deceased alive on Ten 23A. SIGNATURE M. D 24A. BURIAL, CREMA-NAME OF CEMETERY OF GREMATORY FLOW, REMOVAL (Specify

ATION (City, town, or county)

before admission)

township

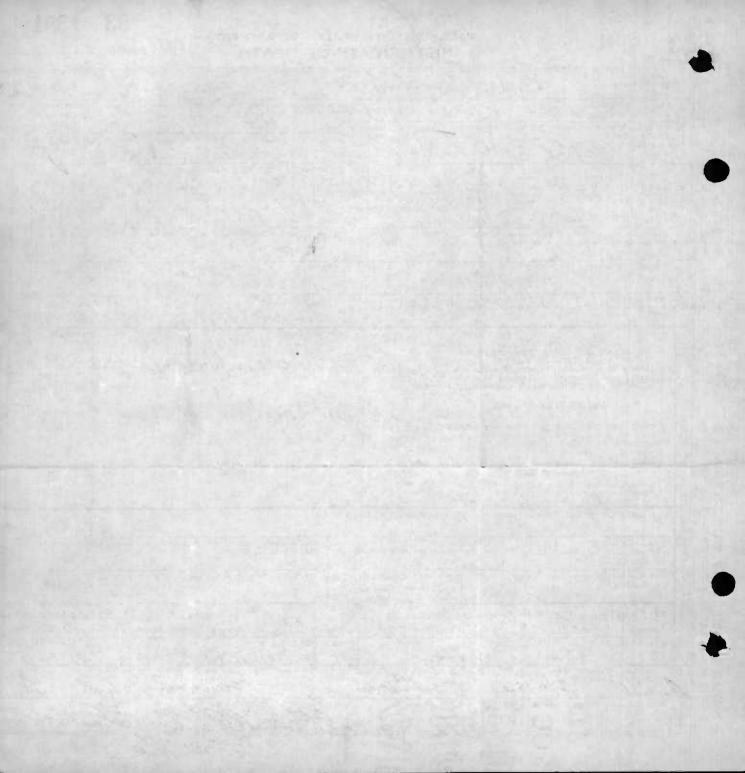
DATE RECEIVED BY LOCAL REGISTRAR 9-

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

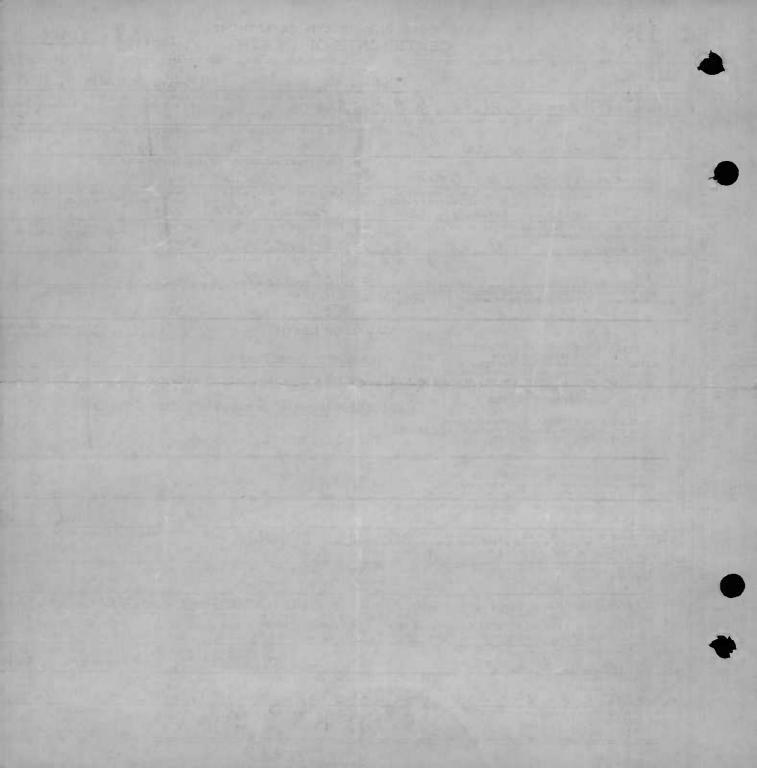
ADDRESS

VS 150



19		IRTH NO.	392		BAI			ALTH DEPARTMEN E OF DEATH		53 red No.	1392
d.		NAME OF C	ECEASED	Н	ARRY L	. BAILEY			2. OATE OF OEATH T	epuisi	ry 6, 1953
hully supplied.	A. B.	PLACE OF C Baltimore (FULL NAME OSPITAL OR	City, Maryla		l or institut	ion, give street addr	ess or	4. USUAL RESIDENCE A. STATE Manyland	B. COUN	TY	before admission)
ully y.		ISTITUTION	424	E. E	ager S			Paltimore	(11 outside corporat	mits. W	fite R RAL and give township)
information should be uniformation should be death clearly and legibly.		Length of s	tay in Baltin		2 CINCL		Yrs. Mos. Days	D. STREET AOORESS /// E. Egger (Charles and the Control of the Contr		1V KH 72
uld b	1	male	white	RACE	WIOON	reo, oivorceo (s	pecify)	Feb. 4, 1889	9. AGE (In yet last birthda;		t I Year K Under 24 Hours B Days Hours Min.
on sho	wor	A. USUAL OC k donedwing most CT.	CUPATION (G of working life, even Chman	ive kind of If retired)	Frie:	O OF BUSINESS O		Baltimore,		12.	CITIZEN OF WHAT COUNTRY
TG rmatic leath	13	FATHER'S	Jacob	M. B	eilev	EL Erstain	e,4;	14. MOTHER'S MAIOEN			
or BINDING em of inform causes of dez	(Ye	WAS DECEAS: , no or unknown)	ED EVER IN U.	S. ARMED	FORCES?	16. SOCIAL SECURITY I	NO.	17. INFORMANT Mrs. Clennia Re		AOOF	
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the cau	ERTIFICATION	heart failt injury or OISEASE RISE TO UNOERL OTHER !	LEADING T s not mean the tre, asthenia, et complication ANTECEOEN S OR CONOIT HE ABOVE CAL YING CONOIT II BIGNIFICANT G TO THE DEA	CONOIL	f dying, e. ns the disease aused death ES FANY, GIVII STATING T ST. TIONS CO NOT RELAT	(B)	p	dalle Con	non /hm	hais	
田.	AL C		OF OPERATIO			FINDINGS OF	OPER	ATION			20. AUTOPSY?
LY, WITH important.	MEDIC.	HOMICIDE	ENT, SUICIOE (Specify)		about home,	ACE OF INJURY farm, factory, street, office	e bldg., e	te.) INJURY OCCUR?	(If in Baltimore	City, give	
HILY		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURREO 21F. HOW OIO INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 19, to 19, to 19, that I last saw the									
SE W TE PL	2. Ti	deceased a 23A. SIGNA 4A. BURIAL. ON. REMOVAL (S	TURE CREMA- 24B.	OATE /9/53	, 19, FV	and that death M. 24c. NAME of CE	occur 2 D. METE	red at 1. A.H.m., from 3B, AODRESS RY OR CREMATORY 24D	n the causes and LOCATION (City,	on the o	date stated above. 3c DATE SIGNED County) (State)
PLEASE V	-	burial ATE RECEIVE OCAL REGIST	O BY REGI	.,	SIGNATI	U. S. Nati	A P	25. FUNERAL OIRECTO	^	AL	Cerviand DORESS 1] Street
		VS 150		0		763	3	M			

C I	2	1393					ALTH DEF		D :	tered No.	1302
4	Bi	RTH NO.			CERTII	FICATE	E OF DE	EATH	Kegis	tereer in o	
	1.	NAME OF D		HARLES		CRAWFO)RD		2. DATE OF	Februar	y 3, 1953
supplied.	Α.	PLACE OF DE Baltimore C	EATH: lity, Maryland	Cutkera Vital or instituti	n Hogy	Best	4. USUAL R	Maryland		lived. If inst	itution: residence before admission
ins f	H	OSPITAL OR ISTITUTION			on, give agree	location)	C. CITY OR			a limits w	tte LURAL and giv
etully soly.	7	11-	Lutheran H	lospi cai		Yrs.		ADDRESS (If		ation)	
gibl	c.	Length of s	tay in Baltimore	654	eare	Mos. Days		5102 Deni	nore Ave	nue	
d be careiu	-	Male	6. COLOR OR RAC	E 7. SINGLE	MARRIED ED, DIVORO		San 2	1 1888	9. AGE (In last birth		s Days Hours Min.
shoul		A. USUAL OC	CUPATION (Give kin f working life, even if reti	dof 108. KIND	OF BUSIN	ESS OR INDUSTRY	B. H	ACE (State or fo	oreign country) 12	CITIZEN OF WHAT COUNTRY
atic	13	FATHER'S N	IAME	10000	70	(W)	14. MOTHER	S MAIDEN N	AME		
BINDING of inform uses of dec		5. WAS DECEASE 6, no or unknown)	D EVER IN U.S. AR	MED FORCES?	16. SOCIA SECUI	L RITY NO.	17. INFORM	ANT	Fac	ADDI	RESS
Every item of i		10 11 0	no			CALISE	OF DEATH	narcaci	1 arc	T. D	INTERVAL BETWEE
R E	H	18. 4.20	SE OR CONDITIO	N DIRECTLY		CAUSE	OF DEATH	133 6	Jumba	nton Ro	ONSET AND DEAT
FOR item	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,										
very			re, asthenia, etc. It complication which			×					
WE			ANTECEDENT CA	USES	Α.		al amatic	aamdi arra	an lon	disassa	
SEI IK.	Z	DISEASE	OR CONDITION	S, IF ANY, GIVIN		rterios	CTELOCIC	cardiova	1900Tal	TPEGDE	• • • • • • • • • • • • • • • • • • • •
RESERVED INK, Ever please write	TIO	RISE TO T	HE ABOVE CAUSE	(A) STATING TH		x Chron	ic bronc	hial asth	ma		
ING IS:	CA				(C) .			***************************************		••••••	
MARGIN UNFADING Physicians:	RTIF	TRIBUTING	IGNIFICANT COL TO THE DEATH, B ISEASE OR CONDIT	UT NOT RELATE	D						
Phy	CE		F OPERATION	19B, MAJOR		OF OPER	ATION				20. AUTOPSY?
WITH tant.	AL	214 EXTERM	AL CAUSE WAS	21B. PLA	CE OF INJ	URY (e. g., i:			If in Baltimor	re City, give	exact location)
F 2004	1EDIC	UNDERLYIN UTING [] C	G OR CONTR	н.	arm, factory, str				V OCCUPA		
	Σ	OF INJURY	Month) (Day) (Ye	m.	21E. INJUR' WHILE AT WORK	NOT WHILE		W DID INJUR			
PLAIN	B	22. I certi	fy that I took c	harge of the	remains d	escribed a	bove, held a	Inspect	Inspection or	nquiry t	thereon and from
es]		the even	dence obtained ath in my opini	by said Auto on resulted f	psy, Insperion: natu	ection or l	X, acciden	that said d it \square , suicide	eceased dic	d on the d c \square , u n d d	
W. W. ge is		23A. SIGNA	ian /	with		M	ASSISTA	EF MEDICAL NT MEDICAL L INVESTIGAT	EXAMINER	ROI I	pate signed lary 4, 1953
回四四		4A. BURIAL, CON. REMOVAL (S	pecify)		24c. NAME	OF CEMETE	RY OR CREMA	TORY 240, L	OCATION (C	ity, town, or	ounty) (State)
PLEAS	D	ATE RECEIVE	D BY REGISTR	- 5 3	W AL	m	25. FUNERA	DIRECTOR	Jallo	IVIO	DDRESS
Щ 5		FEB 9	145.	4 5	3 13	1. V	Ella	worth	Our	wal	deo
	V	S 151			4	9068	4600	Sibert	y Heig	glits	avet



VS 150

2-5-53

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

INTERVAL BETWEEN

20. AUTOPS

23c. DATE SIGNED

ADDRESS

ONSET AND DEATH

· ave families last and orea villa The second second second meloak . T Fill Fire on THAT SHEET HAVE BOTH THE The state of the s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) fully supplied. DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF ellen HOSPITAL OR (If outside corporate limit, write RUIFAL and give C. CITY OR TOWN INSTITUTION mure Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Johane "urniture Van 13. FATHER'S NAME MOTHER'S MAIDEN NAME unknowin 40 WM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. causes 0 of 20. 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED tel TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION LY, WITH important. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 36719___, to 22. I hereby certify that I attended the deceased from. _, 19___, that I last saw the deceased divers 2-6 . 19 3 and that death occurred at Pm., from the eauses and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240/LOCATION (City, town, or county) Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR

23c. DATE SIGNED

20. AUTOPSY

NO

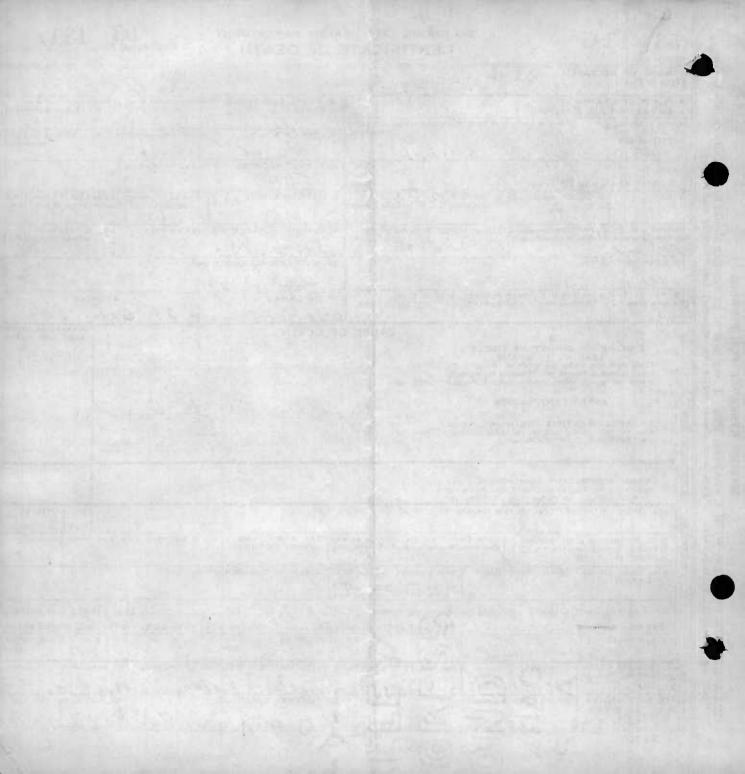
YES

before admission)

12. CITIZEN OF

WHAT COUNTRY

ONSET AND DEATH



FOR	y iter	tho o
RVED	Ever	Transfer
RESE	INK.	manga
MARGIN RESERVED FOR	PLEASE W. TE PLA JY, WITH UNFADING INK. Every ites	Dhireioione.
	Y, WITH	nnontont
		1
	PLA	Groot
	TE	Service
	W	2000
	PLEASE	common se

CERTIFICATE OF DEATH

Registered No. 1396

	1. NAME OF DECEASED (Type or Print) ANNIE C. VAN HORNE MC	CANN 2. DATE OF February 6, 195	3				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residen A. STATE B. COUNTY before admir					
	B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland none					
	HOSPITAL OR INSTITUTION 2115 Bolton St.	C. CITY OR TOWN (If outside corporate livets, write RULAL and					
		Baltimore	nship)				
)6 Yrs.	D. STREET ADDRESS (If rural, give location)					
	Mos.	2115 Bolton Street					
	c. Length of stay in Baltimore Days 5. SEX						
	WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year If Under 2 last birthday) Months: Days Hours;	4 Hours Min.				
	female white married	Nov. 10, 1879 73					
, -	10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
A	vork done during most of working life, even if retired) INDUSTRY	WHAT COUN	ITRY?				
-	none	Riderwood, Maryland U. S.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Benjamin Van Horne	Amelia Crowther					
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL						
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	712211200					
		John E. McCann 2115 Bolton St.					
	DISEASE OR CONDITION DIRECTLY	Drio Sclerotic Cardis - Severa scular Disease.	EATH				
	heart failure, asthenia, etc. It means the disease.						
	injury or complication which caused death.) DUE TO	scular Disease.					
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING						
	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.						
1	(C)						
	I -						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
.	OTHER SIGNIFICANT CONDITIONS CON-						
	TO THE DISEASE OR CONDITION CAUSING IT.	•					
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPS	SY?				
	O ALL DE CE OF INDINGS OF CELL	YES N	。 				
	21A. ACCIDENT WAS UNDER. 21B. FLACE OF INJURY (8. 8., 11	n or 21C. WHERE DID (If in Baltimore City, give exact location))				
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	*				
	S CAUSE OF BEATH						
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
	m. WHILE AT NOT WHILE						
		aut 100 . Floured 100					
	22. I hereby certify that I attended the deceased from August	gust, 1952, to February 6, 19 2, that I last sar	w the				
	deceased alive on 726 6, 1953, and that death occur						
-		3B. ADDRESS 23c. DATE SIG					
	Albert Cormann M.O.	4420 Manasota Ave. 2 - 7 - 53	3				
)	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or eounty) (St	tate)				
	Burial 2 - 10 - 53 Prospect Hill	L. Towson Towson, Md.					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS P. Inc1900 Eutaw P.	100-				
1	The william for tentilles had	our constitutions on structure - 1900 Eutaw P.	THC				
1	FER 9- 1953	11113 Hutelull	=				
		I I I I I I I I A U U I T VUU I					

BIRTH NO

rear ully supplied

clearly

death

of

item of in

INK.

UNFADING Physicians: p

LY, WITH important.

RESERVED

the

information

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF CORNELIA February 6, 1953 LEARY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside for wate RURAL and give INSTITUTION Plaza Apartments Baltimore D. STREET ADDRESS (If rural, give location) life Yrs. Mos. Plaza Apts., Park Ave. & Wilson St. c. Length of stay in Baltimore or A. Should be Davs 5. SEX 6. COLOR OR RACE 9. AGE (in years Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 7 - 9 - 64female white single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U. Baltimore, Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas H. H. Leary Emily Neilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Plaza Apts., Park & R. W. Leary 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Bultimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Yenr) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE , 1953that I last saw the , 1950, to Tele 22. I hereby certify that I attended the deceased from. deceased alive on Feb 6, 1963, and that death occurred at 715 om., from the causes and on the date stated above. 23A. SLØNATURE 23B. ADDRESS 23c. DATE SIGNED 4408 Loch Raven Boulevard Man 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c, NAME of CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county)

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

- 9 - 53

REGISTRAR'S SIGNATURE

Greenmount

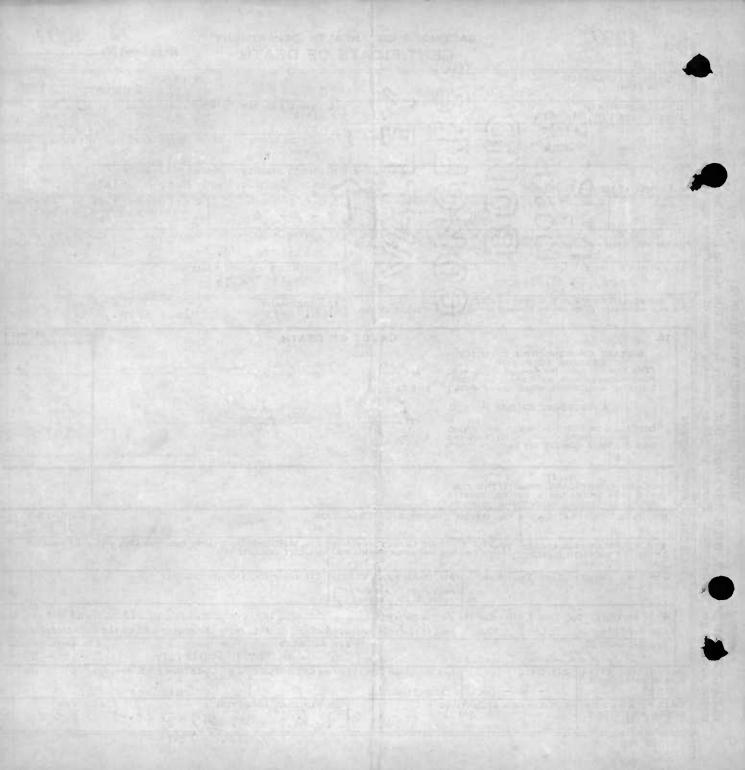
Burial

Baltimore. Sons, Inc. - 1900 Eutaw Plac

Md. ADDRESS

25. FUNERAL DIRECTOR

O.Mitchell



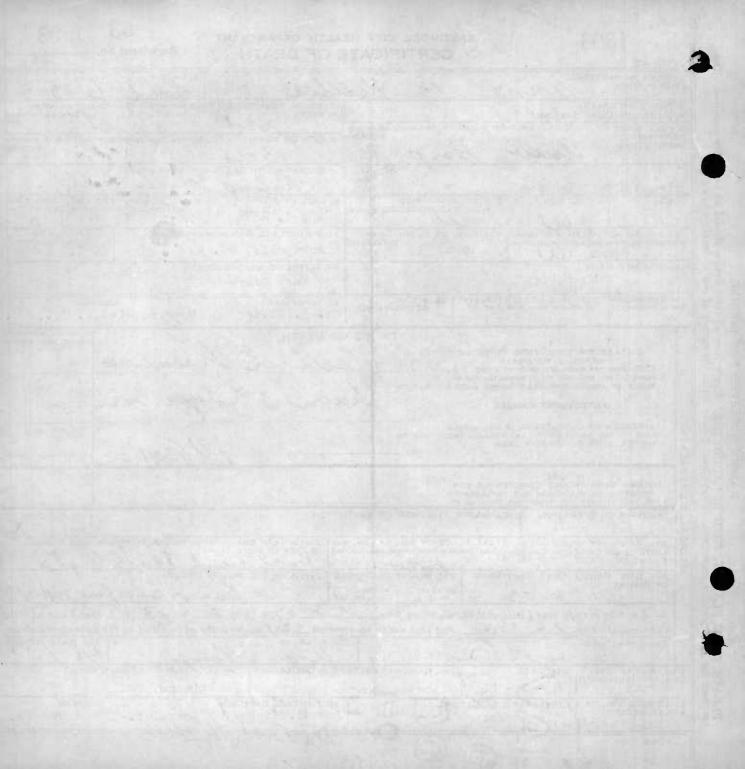
MARGIN RESERVED FOR BINDING

0		53 1398 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT R	egistered No
The	1	NAME OF DECEASED	2. DAT	E 1 /
ally supplied.		Type or Print) anna M. Mu	ller DEA	TH 2 6))
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where dece	ased lived. If institution: residence COUNTY before admission
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside co	orporate Haits, write HALL and give
	IN	ISTITUTION UNIV. LOSS.	Ball.	township
	3	35 Yrs. Mos.	D. STREET ADDRESS (If rural, piye	e location)
be ca		Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	7	(In years) If Onder 1 Year If Under 24 Hours
should bearly and		WIDOWED DIVORCED (Specify)		(In years fonder 1 Year If Under 24 Hours If Under 24 Hours Min.
hour		A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF
on s	WOII	k done during most of working life, even if retired) none INDUSTRY	Annapolis, Md.	U. S. WHAT COUNTRY
ath	13	John White	14. MOTHER'S MAIDEN NAME	
information s of death cl	15		Mary Clare	
of inf	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	Wm. E. Miller Uppe	ADDRESS erco, Balto. Co., Md.
UNFADING INK. Every item of Physicians: please write the causes	ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, nsthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		BURUS. MEDICAL EXAMIN R. 120. AUTOPSY?
WITH rtant.	AL	198, MAJOR FINDINGS OF OPER	ATION	YES NO
K, ımpoı	MEDICA	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bidg., c CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR	set fire to signt.
PLA pecially		22. I hereby certify that I attended the deceased from	1-20-5319 to 2-6-	53, 19 , that I last saw th
S po		deceased alive on 2-6-5319 and that death occur	red at SEPm., from the cause	s and on the date stated above 23c. NATE SIGNED
W F		lum 1. Chew M.D.	Une & Low	2/6/5-3
SE ag	24 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		(City, town, of country) (State)
PLEAS correct	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Baltimor 25. FUNERAL DIRECTOR	ADDRESS
PI	L	OCAL REGISTRAR	John 10. Mitchell & Sons	"Inc1900 Eutaw Pl.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR LEB 9 - 195

Sons, Inc .- 1900 Eutaw Pl.

VS 150 N949,2

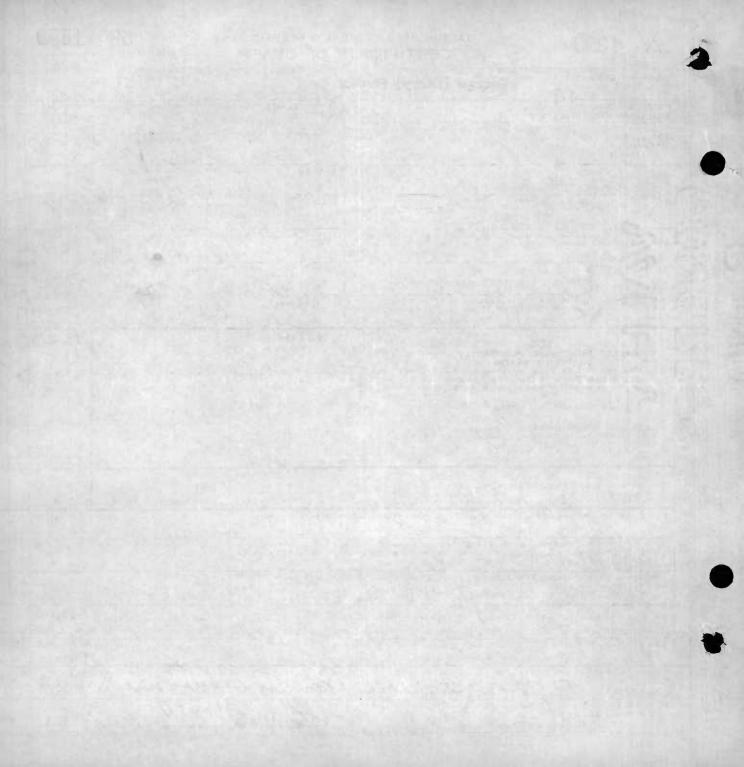


9	-4	20
	53	1399

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1399

	NAME OF D	ECEACED						
T)	Type or Print)	HADAY	George (Harry) Shulk	a	2. DATE OF DEATH	2-1-3		
Α.		City, Maryland	SHALJAPI	4. USUAL RESIDENCE (W		If institution; residence before admission)		
H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospit	al or institution, give street address or location)		outside corporate lim	its, write RURAL and give		
-	1	TFRCY	1405 P Yrs.	D. STREET ADDRESS (If				
13	Length of s	tay in Baltimore	> Mos.		to w			
5.	. SEX	6.COLOR OR RACE	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Dader 1 Year H Duder 24 Hours Hours Min.		
IO world I3	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13	A A A A A A B. FATHER'S N	logo t		MasTRI		4.5.		
13			Pm	14. MOTHER'S MAIDEN NA	AME			
15	S. WAS DECEASE	DORF SED EVER IN U. S. ARMEI	FORCES? 16. SOCIAL	24/18/56	e L C K			
(Ye	s, no or unknown)	(If yes, give war or date	of service) SECURITY NO.	17. INFORMANT		ADDRESS		
	18. 11.		CALIEE	OF DEATH	E COLL	INTERVAL BETWEEN		
	44	SE OR CONDITION	FT	ERIOSCLEROT	7,0	ONSET AND DEATH		
	(This does	not mean the mode of	f dying, e. g., ARROLO	SUASCULAR-1	RENAL DI	SFAC 2 445?		
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease,	(1.1. 17. 14. 17. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	+9m ************************************	and the second s		
		ANTECEDENT CAUS	ES					
Z	DISEASES	OR CONDITIONS, II	(B)			***************************************		
TIO	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO					
CA	OK DEKE	*******************************						
F								
CERTI	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	inary Emph	955 MA	?		
CAL		0	98. MAJOR FINDINGS OF OPER			20. AUTOPSY? YES NO		
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Bultimore City,	give exact location)		
-	21D. TIME (Month) (Day) (Year)			OCCUR?			
			m. WHILE AT NOT WHILE					
	22. I hereb	y certify that I att	ended the deceased from 2	- 5 , 1953 to	1-6,190	Sthat I last saw the		
		ive on 3-6	_, 1953_, and that death occur		he causes and on			
	23A. SIGNA	TURE	/ //	23B. ADDRESS	/ /	23c. DATE SIGNED		
24	4A. BURIAL,	REMA- 248. DATE	24c, NAME OF CEMETE	RY OR CREMATORY 240. LO	OCCITON (City, tow	2-6-53 n, or county) (State)		
TIC	Runal (S	FEB,10-	1903 ST. MICHAEL'S	UKRAINIAN GER	MAN HILL.	Rd BALTO, Md		
	ATE RECEIVE		to Till 9 2 2	25. FUNERAL DIRECTOR	Weber 70	ADDRESS Show		



-21	22
- 4	2 2
53	1400
BIRTH N	10.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1400

- B	KIN NO.							
1. (T	NAME OF Daype or Print)	DECEASED Karol Charles	Salkow	ski (Or)Karol	Cialkowski	of Feb,	6th 195	3
A. B.	Baltimore FULL NAME DSPITAL OR STITUTION	OF (If not in hospital	15 S.Re al or institut Home	gester Street ion, give street address or location)		Where deceased lived. B. COUNTY f outside corporate lim	bek	residence ore admission) (AL and give township)
1	11)			Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	Length of	stay in Baltimore	?	Mos. Days	245 South Reges	ter Street		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year	Il Under 24 Hours
	Male	White	Wido		Jan 1st, 1879	74	nonths Days	Tiours Mill.
worl	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired) Or		of business or industry J. Lacy	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ WHA	EN OF
13	FATHER'S	NAME	tre	MESSES IN	14. MOTHER'S MAIDEN N	AME		
		Unknown	41.		Unknown			
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
(20	, 20 01 00200110,	(11 you, give war or dute	. 01 201 1200)	SECURITY NO.	Eva Ratajczak 16	N.Chapel St	reet	
	18. 33/	× .	71.	CAUSE	OF DEATH	,	INTERV	AL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease,							
7	ANTECEDENT CAUSES ANTECEDENT CAUSES Chy Horas delegation of the control of the							
ICATIO	RISE TO	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH		//		••••••	••••••••
CERTIFIC	TRIBUTIN	II SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	D Chile	nie myo es	Siti	>	
L	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. /	NO NO
IEDICA		DENT WAS UNDER- OR CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	o or 21c. WHERE DID (INJURY OCCUR?	If in Baltimore City		
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE		0.1		
1	22. I horol	by certify that I gtt				tah. 6 19	13 that 11	ast saw the
	deceased a	17-612-1	1943	and that death occur	rred at m., from to	the causes and on		
	23A. SIGNA		Leiv	-560 M.O.	38. ADDRESS Rate	* St		TE SIGNED
TI	Burial, Burial, Burial	Specify) FEB, 10-	1953	STSTANIS		OCATION (City, tow		(State)
	ATE RECEIVE		SIGNATU	RESLIGUANTING	25. FUNESAL DIRECTOR	Welles	705 8	Run

PE 1127

	Ily supplied.
MARGIN RESERVED FOR BINDING	PLEASE WATE PLA Y, WITH UNFADING INK. Every item of information should be caulty supplied correct age a especially important. Physicians: please write the causes of death clearly and legger.
	Y, WITH U
	PLEASE W TE PLA correct age mespecially

MEDICAL

1-		035		
e l	3	BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No.	1401
ed. 1	(T	NAME OF DECEASED Mrs Ellen Jordan	2. DATE OF DEATH 2-7-	
supplied	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Maryland COUNTY	before wireission)
IIIy		STITUTION 8 T. Agulo Hospital location)	C. CITY OR TOWN (If outside corporate lifety of	vrite R. RAL and give township)
be ca		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 409. /V. Loudon and	***************************************
la la	f.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	6-24-1914 Sasterthday) Month	let 1 Year II Under 24 Hours Days Hours Min.
on she	WOE	A. USUAL OCCUPATION (Give kind of loss KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
information shous of death clearly		Seage Hobbs	Florence M. Hami	lton /
of info	(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give was or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
G INK. Every item please write the cau	CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	of DEATH	
NF'ADIN hysicians:	ERTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from

deceased alive on 2-7, 1923, and that death occurred at

23A. SIGNATURE BURIAL, CREMA-REMOVAL (Specify)

21c. WHERE DID

INJURY OCCUR?

Am., from the causes and on the date stated above.

_, 19 23, that I last saw the

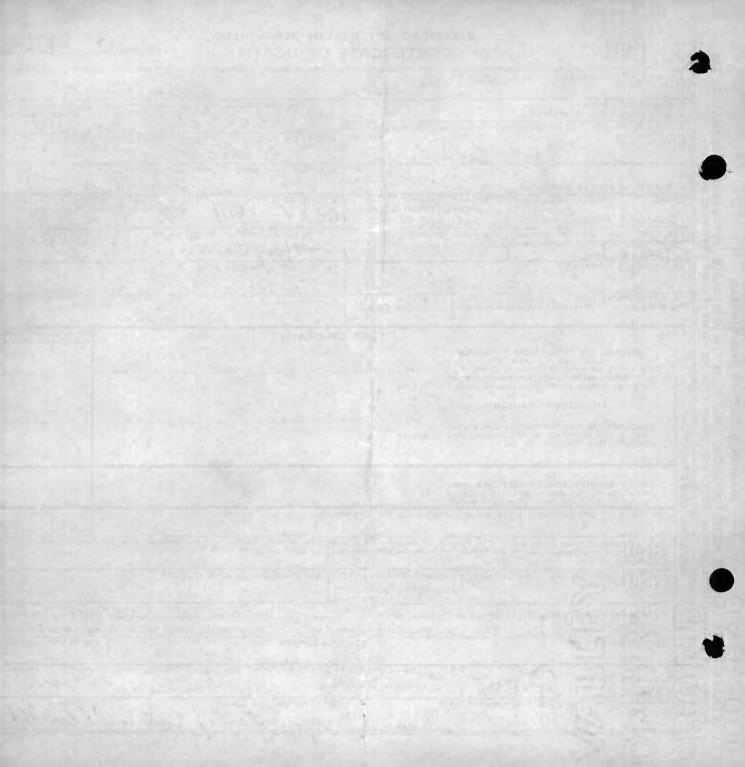
20. AUTOPSY?

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

1953, to 2 - 7

LOCAL REGISTRAR



lly supplied.

causes

Every ite

INK.

write

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Arbutus Balto. Md.

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) McCullers Narcissus DEATH Feb-5-1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Balto. B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corpor termits, write RURAL and give C. CITY OR TOWN township) Baltimore 1604 North Caroline Street Yrs. D. STREET ADDRESS (If rural, give location) Mos. information should be confidently and leg c. Length of stay in Baltimore 25 Yre. 1604 North Carloine Street Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Married Sept.-2-1906 Female 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Home Florence S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Ford 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Issac McCullers 1604 N. Caroline St No INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OPERATION OF 20. AUTOPSY important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE AT WORK . 1953, that I last saw the 22. I hereby certify that I attended the deceased from. 1932 to Feb 5 500 m., from the causes and on the date stated above. deceased alive on Jel 4 __ 19 53 and that death occurred at_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAMB OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Arbutus Mem. Park

Burial DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

Z,

should be

information

clearly

death

of

item of ir

INK.

UNFADING Physicians: p

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE Butler Sylvia DEATH Feb-5-1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balto. A. STATE B. COUNTY before admission) B FILL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate banks, wr. C. CITY OR TOWN INSTITUTION 902 Argyle Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 902 Argyle Davs 6. COLOR DE RACE AGE (in years) AGE (in years | R Under | Year | R Under 24 Hours | Months Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Col. Female Single Dec.7.1928 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Domestic U.S.A. Home Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) Thresa Butler 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Butler 902 Argyle Ave Thresa INTERVAL BETWEEN 18. 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 4. 1963, that I last saw the 22. I hereby certify that I attended the deceased from 19 deceased alive on 1953, and that death occurred at & m. from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Fily, town, or county) 24B, DATE

PLEASE W Burial DATE RECEIVED BY

REGISTRAR'S SIGNATURE

witnesters

Mt Calver

Cem.

UNERAL DIRECTOR

Brooklyn Md.

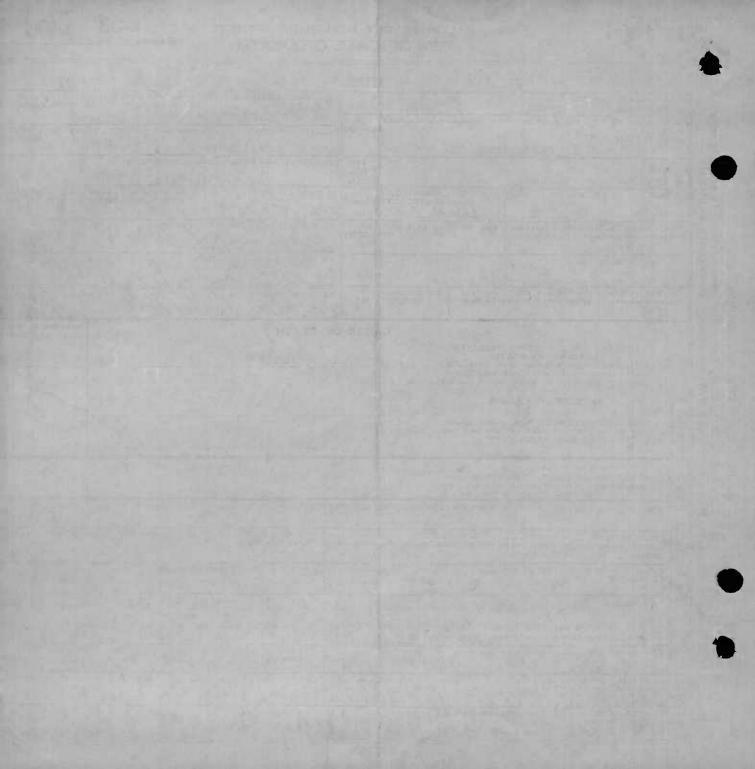
VS 150

142 11 2211.7.24 E TOMAS CONTRACTOR OF THE STATE . Decementation of the mel and a line of the contract

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL C. CITY OR TOWN INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Balto. City Days information should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF If Under 1 Year If Under 24 Hours WIDOWED, DIVORGED (Specify) last birthday) Months: Days Hours! Min. Narried 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Printer Printing U.S.A. Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jerome Mathews Mary E. Mathews 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO JOHNS HOPKINS HOSPITAL Jo 18. 44 INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH the (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 JE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY TE PLA especially NOT WHILE WHILE AT AT WORK WORK 19.53 to_ - 3 . 19 53 that I last saw the 22. I hereby certify that I attended the deceased from_ and that death occurred at 2.20 m., from the causes and on the date stated above. 1953 deceased alive on 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE Peters Balto.Md. Buria. Cem DATE-RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Junicipalin VS 150

BURE HALLEN AUGUST ENGLISHED

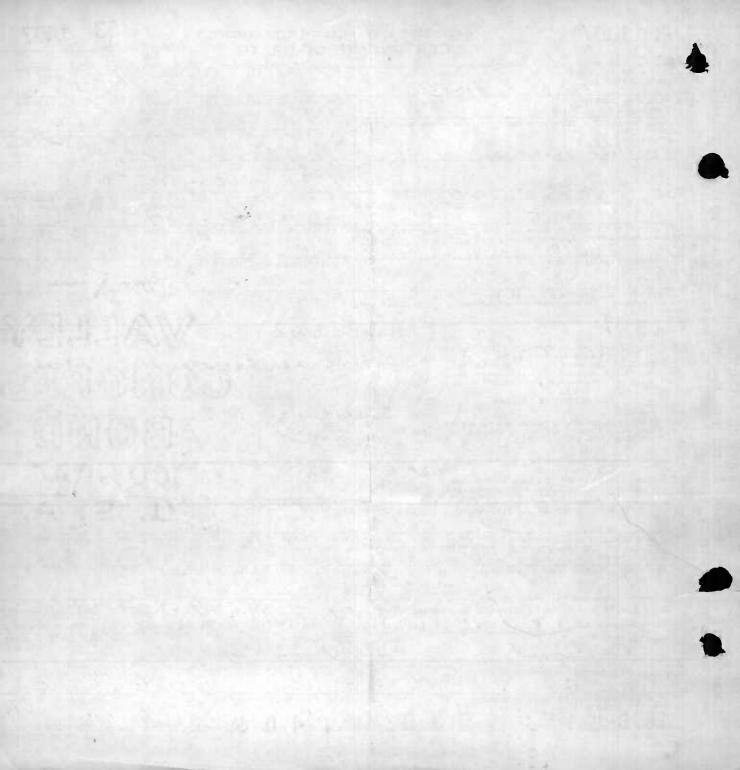
	NAME OF DECEASED WILLIAM GILES	2. DATE OF GEATH Februar	v 6. 195
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, w	ite RURAL a
legibly.	University Hospital Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give ocation) 939 W. Mulberry Street	
and leg	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WILDOWED DIFFORCED (Specify)		of 1 Year It Under
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, eveo if retired) INDUSTRY	11. BIRTHELACE (State or foreign country) 12	WHAT COU
of death clearly	B. FATHER'S NAME HILLS	14. MOTHER'S MAIDEN NAME	256
of de	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S. OO OF Tokenowo) (If yee, give war or dates of service) SECURITY NO.	Tonolly Smith W	RESS 93
write the causes	DISEASE OR CONDITION DIRECTLY	of DEATH //	ONSET AND
e 11 _	(B)		
please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
Physicians: pl	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ATION	YES X
Physicians: pl	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ATION or 21c. WHERE DID (If in Baltimore City, give	
y important. Physicians: pl	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- ebout home, form, factory, street, office bldge	ATION or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	YES X
Physicians: pl	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., ic ebout home, form, factory, street, office bldge bout home, form, factory, street, office bldge while AT WORK 22. I certify that I took charge of the remains described at the evidence obtained by said Autonou Inspection or I	ATION 2 1c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Shove, held an Partial Autopsy Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the	ves X e exact location thereon and day stated
ecially important. Physicians: pl	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., ic about home, ferm, factory, street, office bidg., e bout home, ferm, fac	ATION Door 21c. WHERE DID (If in Baltimore City, give Injury OCCUR? ED 21f. HOW DID INJURY OCCUR? Shove, held an Partial Autopsy Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the Assistant Medical Examiner 23c. Assistant Medical Examiner 23c. Assistant Medical Examiner 23c. D. Medical Investigator Feor	thereon and day stated letermined DATE SIGNE



Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Melvin W/ BonrEy supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside correspond limits, write RURAL and give INSTITUTION township Maryland Gen. Hosp allemore Yrs. D. STREET ADDRESS (If rural, give location) Mos. W. Cruss St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE information should be of death clearly and 9. AGE (In years If Under I Year If Under 24 Hours Iast birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yee, no or unknown) SECURITY NO. em of in CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH wInfluenzal Enceshalitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Inf/4enz4. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! PL. , 1953, to 2/8/53 , 19 , that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 2/8, 1953, and that death occurred at 6:50Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county, 6 eur DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

BINDING



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Die C	5 BI	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1408
N RESERVED FOR BINDING IG INK. Every item of information should be consistent the causes of death clearly and leg. f.	3. A. B. H. I. C. 5.	PLACE OF DEATH: Baltimore City, Maryland O
PLA Y, WITH UNFADING occially important. Physicians:	MEDICAL CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 2 Note of Control of Contr
PLEASE VOTTE PL	Vo	deceased alive on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. NAME OF CEMETERY OR CHAMATORY 24C. NAME OF CEMETERY OR CHAMATORY 24C. LOCATION (Citt, town, or county) ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 25. FUNERAL DIRECTOR ADDRESS ADDRESS 25. FUNERAL DIRECTOR

6905H

4	2	*	7_15	
			53 T409 BALTIMORE CITY HEALTH DEPARTMENT	
The		B!	RTH NO. CERTIFICATE OF DEATH	
		1. (T	NAME OF DECEASED TO TO TO THE PROPERTY OF THE	2.
Illy sunnlied.			1 ula 5. Posedom	I
nu	2		Baltimore City, Maryland Columnary	re
v.		H	FULL NAME OF (If not in hospital or institution, give street address or location)	2
		IN	STITUTION 15/16 En Proof or CV	TS1
			Yrs. D. STREET ADDRESS (If run	ral
3	w 1	c,	Length of stay in Baltimore Life Mos. Days 15/4 E. 1	K
j.	and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOW, ED. DIVORCED (Specify))
should		1	Emale Co. (1)(dou) 10-9-1880	
		work	A. USUAL OCCUPATION (Give kind of JOB. KIND OF BUSINESS OR INDUSTRY INDUSTRY	ign
ion	C	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	٤
IDING	death		14. MOTHER'S MAIDEN NAM	E
IN	of d	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	1
	8 0	(Yes	(If yes, give war or dates of service) SECURITY NO.	1
			18. LLZ X . CAUSE OF DEATH	1
FOR item			DISEASE OR CONDITION DIRECTLY	
H >	the		(This does not mean the mode of dying, e.g., A hypertensire car	J
/EI	write th		heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	C
RESERVED INK. Ever	(e)		ANTECEDENT CAUSES	
ESI	please	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	\$
77		ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
GIN	suı	U	(C)	
MARGIN	Physicians:	RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	
N N	hys	ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	7
D H		U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	+
	int.	CAL		
Y. W.		MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If is about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	n
	=		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY	C
77	ally		m. WHILE AT NOT WHILE	,
PI	especial		22. I hereby certify that I attended the declared from 2/1, 1953 to 2/	
TE	esi		deceased alive on 2/5 , 195 3. and that death occurred at 12.04 ff, from the	ca
2			BA SIGNATURE FA BRY23B ADDRESS	

REGISTRAR'S SIGNATURE

untingloss

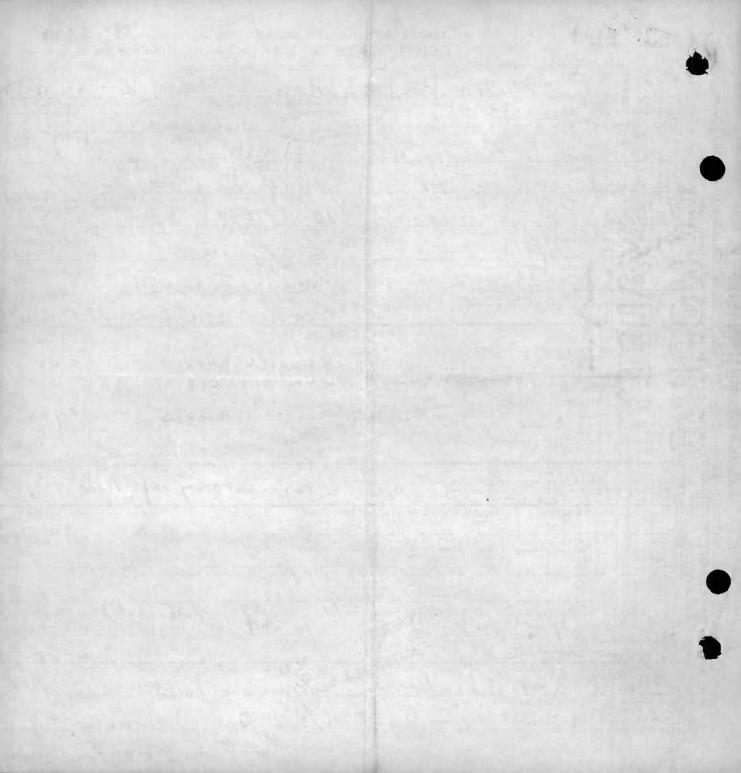
Registered No. 2. DATE OF DEATH NCE (Where deceased lived, If institution: residence B. COMNTY before admission) If outside corporate limits, write RULAL and give township) (If rural, give location) tate or foreign country) 12. CITIZEN OF WHAT COUNT morre ADDRESS 1514 6.97 ONSET AND DEATH URUS15 20. AUTOPSY YES (If in Baltimore City, give exact location) INJURY OCCUR? 192 Sthat I last saw the from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS

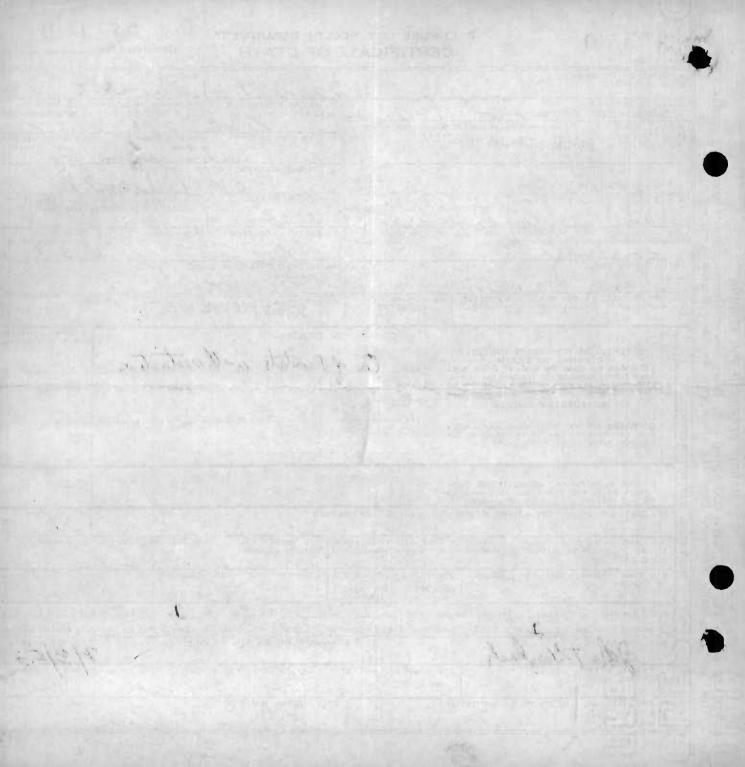
25. FUNERAL DIRECTOR

PLEASE correct ag LOCAL REGISTRAR VS 150

24A. BURIAL, CREMA-

June DATE RECEIVED BY





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland (b) Street address 639 Jespen 54 (c) Hospital or institution: (If outside city or town limits, write RURAL and give town) (d) Street No. 639 V63 per st (d) Length of stay in hospital or inst. (yrs., mos., or days)...... (e) If foreign born, how long in U. S. A.? year 3 (a) FULL NAME 1.34 with Williams 3 (c) Social Security Account 3 (b) If veteran, name war MEDICAL CERTIFICATION No. 215-25-1261 2/4/53 19 at/2 20. DATE OF DEATH 4. Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated; that lattended deceased from 19 to 2/4 1917

divorced. 6 (b) Name of husband or wife 2 Gm seel W:11.6m 6 (c) If alive, give age 5 5 years 7. Birth date of deceased (mo., day, yr.) un Known Days If less than one day 8. AGE: Years | Months | 9. Birthplace Wust hobruland Ct., Uc (Town, county, and state) your wife 10. Usual Occupation 11. Industry or business 12. Name..... 13. Birthplace

34 much W:11.

.....(b) Date thereof.

139 Jospenso (hasban)

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide..... (b) Date of occurrence.....

Major findings:

Immediate cause of death

Carcinon

(c) Where did injury occur?.....

(d) Did injury occur about home, on farm, industrial place, in public

(e) Means of injury..... 23. Signature / Louise

(County)

(City or town)

and that I last saw h = Talive on 2/2 19 33

(Include pregnancy within 8 months of death)

Of operations

Of autopsy.....

Duration

PHYSICIAN

Underline the

cause to which

death should be charged statis-

Registrar (Date rec'd by registrar VS 3

14. Maiden Na 15. Birthplace

14. Maiden Name.

16 (a) Informant.....

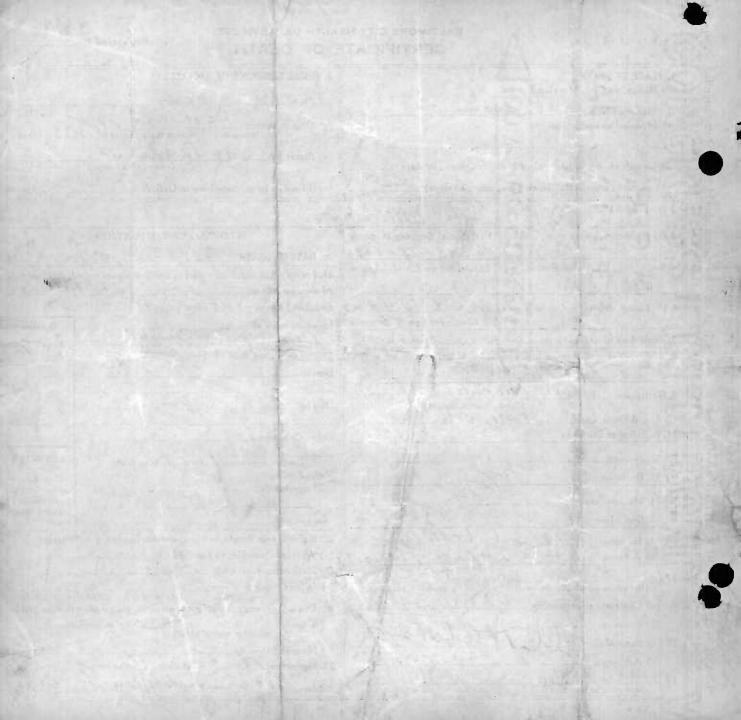
Location.... 18 (a) Funeral directo

(b) Address

(Burial, cremation, or removal)

(c) Cemetery or crematory.

(b) Address



PLEASE correct age

15	30
03	1416
II DIDTL	LAIO

53 1312

D3 Tare	CERTIFICATI	F OF DEATH Registered N	To the state of th
BIRTH NO.	CERTIFICATI	E OF DEATH Megistered N	0
1. NAME OF DECEASED (Type or Print) Carri	e Coates Handy	2. DATE OF Tob	. 6,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If i	
HOSPITAL OR	r institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits	M !
2101 Coldspr		Baltimore	township)
c. Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 329 North Calhoun St.	
Femiles Calamed	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Mor. 4, 1870 82	Under I Year If Under 24 Hours nths Days Hours Min.
work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic 13. FATHER'S NAME		Virginia	U. S. A
Robert Gordon		Martha Smith	. /
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL ervice) SECURITY NO.	17. INFORMANT Mrs. Villiams 2101 Colds	pring Lane.
DISEASE OR CONDITION DIRECTION DIRECTION DIRECTION TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE (A) 19A. DATE OF OPERATION 19B.	ring, e. g., (A) Carding desired death.) Y. GIVING TING THE DUE TO (C)	o Vascular Renal Diseas tensine	1 year 4 days
AP.			YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	1B. PLACE OF INJURY (e. g., in but home, farm, factory, street, office bldg., et		ve exact location)
21D. TIME (Month) (Day) (Year) (Hot OF INJURY	ur) 21e. INJURY OCCURRE while at not while at work at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attende		105/10 77/2 20 3	that I last saw the
		red at 3 0 m., from the causes and on the	Anat I last saw the
23A. SIGNATURE		3B. ADDRESS	23c. DATE SIGNED
11 BURIAL, CREMA- 24B. DATE TICK REMOVAL (Specify) 2-9-5	3 24c. NAME OF CEMETER		or county) (State)
DATE RECEIVED BY REGISTRAR'S SILOCAL REGISTRAR		5. FUNERA DIRECTOR	Disse St
VS 150			

Company of the Compan

-	-	
(1	1
	The	
	ully supplied.	Iy.
	0	egra
MARGIN RESERVED FOR BINDING	EASE W. TE PLA LY, WITH UNFADING INK. Every item of information should be ully supplied. The	rect age is especially important. Physicians: please write the causes of death clearly and legally.
RESER	INK.	Jease
MARGIN	UNFADING	Physicians: 1
	LY, WITH	important.
	E PLA	especially
1	W	e Is
	SE	t ag
	EA	rec

5		360	BALTIMORE CITY HEALTH DEPARTMENT			
The car	ВІ	RTH NO. 110190	CERTIFICATE OF DEATH	Registered No.		
ed.		NAME OF DECEASED ype or Print)	re gaither	of Jeath Feb. 5-53		
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE	Where deceased lived, If institution: residence B. COUNTY before admission		
		FULL NAME OF (If not in hospital or in	nstitution, give sureet address or location)	If outside corporate limits, write RURAL and give		
ully y.	IN	STITUTION Provider	A Hosp. Baltimor	township		
legra	c.	Length of stay in Baltimore	Vrs. D. STREET ADDRESS AND Days	frural, give lecation)		
should be		Fe. Vegus "	INGLE MARRIED. 8. DATE OF BIRTH 3-30-47	9. AGE (In years all Under 1 Year last birthday) Months Days Hours Min.		
n shou learly	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or	foreign country) 12. CITIZEN OF WHAT COUNTRY		
information s of death cle	13	FATHER'S NAME	ther muly	Hawkus /		
of inforuses of d	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCE, no or unknown) (If yee, give war or dates of serv	ES7 16. SOCIAL SECURITY NO. 17. INFORMANT MOLILIE	1837 Dinsonst		
item of ne causes		18. 493× 1	CAUSE OF DEATH	INTERVAL BETWEEN		
DE DISEASE OR CONDITION DIRECTLY						
Ever write						
2 >		ANTECEDENT CAUSES				
N KESE NG INK. s: please	CATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	(B)			
ADING icians:	LIFIC	II	(C)			
MAKGIN UNFADINC Physicians:	CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT I TO THE DISEASE OR CONDITION CAUS	RELATED SING IT.			
₩.	AL	19a. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPERATION	20. AUTOPSY?		
LY, WITH important.	EDIC		a. PLACE OF INJURY (e. g., in or look blome, farm, factory, street, office bldg., etc.)	(If in Baltimore City, give exact location)		
LA LY,	Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	WHILE AT NOT WHILE	RY OCCUR?		
PL		22. I hereby certify that I attended	m. WORK AT WORK 1953, to	Feb 5, 1953, that I last saw th		
E P		deceased alive on del 5, 19	the causes and on the date stated above			
W See 15		23A. SIGNATURE Wear	M.D. 236)ADDRESS	orpital 3ch 19-53		
PLEASE W	TIC	BURIAL, CREMA- PREMOVALI(Specify) 2-10-5	3 Mt. Querenter 260	Action (City, town, or county) (State)		
PLEAS	D,	ATE RECEIVED BY REGISTRAR'S SIG	NATURE 25. FUNERAL DIRECTOR	addres 578 u		
	-	VS 150	Fichiation, high	S. W. Hearing School		

DE INTEREST DE L'ADRIGICA DE L

	2359A14
4	D. D. T. L. L. C.

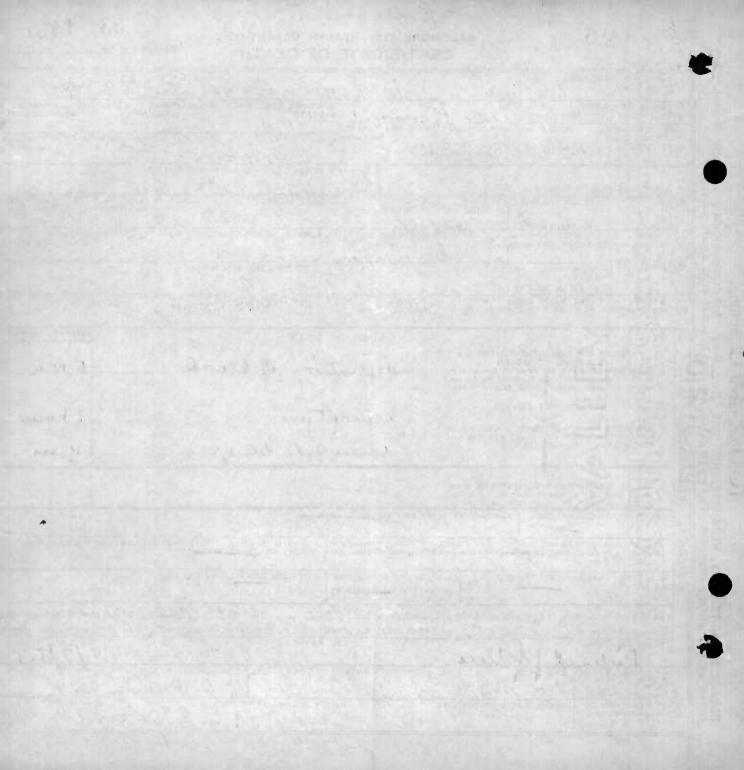
53	1414

755 1.41.x	CEDITIES AT	CALIH DEFARIMENT	Registered No.	
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) Clara Che	2. DATE OF DEATH Feb. 6, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (V		titution : residence before admission)	
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR INSTITUTION 2101 Coldspring		outside corporate limits,	vrit RULAL and give township)	
C. Length of stay in Baltimore Yrs. Mos. Days		733 Aisquith	rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW	Days . MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		ei l Year II Under 24 Hours is: Days Hours Min.
Female Colored Wide	of Business or	April 11.1880 11. BIRTHPLACE (State or fo	72	. CITIZEN OF
work done during most of working life, even if retired) 1015ewife 13. FATHER'S NAME	INDUSTRY	Virginia	My ave a	WHAT COUNTRY?
Unknown		14. MOTHER'S MAIDEN N. Unknown	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Wilford Jones	ADD Florida Av	RESS 459
heart failure, asthenia, etc. It means the diseasin jury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST.	DUE TO	utensie unuel Brond	lo puenno	1 yru 3 lag
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATE TO THE OISEASE OR CONDITION CAUSING IT	D			
	FINDINGS OF OPER	ATION		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21C. WHERE DID (I	If in Baltimore City, give	exact location)
OF INJURY	VHILE AT NOT WHILE	ED 21F. HOW DID INJURY	Y OCCUR?	
22. I hereby certify that I attended the	deceased from Q	red at m., from to	he causes and on the	hat I last saw the date stated above.
DATE RECEIVED BY LOCAL REGISTRAR S SIGNATU	RP',,	RY OR CREMATORY 240. LET BY OR CREMATORY 24	OCATION (City, town, or	DDRESS 77W

VS 150

marie server of president our source server The desired of the second of t

ed. Eyam Case - Reline 53 1415 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HNSON 2N 3075-99 DEATH LD (1953)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence ALVIN illy supplied 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write bURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL township) AlTIMORE, p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of IQB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14/66 7.N50 17. INFORMALOHNS HOPKINS HOSPITAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY on of blood LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR2 LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 120A-2-7, 1953, to 3 50 AM 2-7, 1953, that I last saw the 1953, and that death occurred at 350 Am., from the causes and on the date stated above. deceased alive on & 23C DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA-TION, REBOVAL (Specify) 248. PA 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 9=10 VS 150



UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and legi-

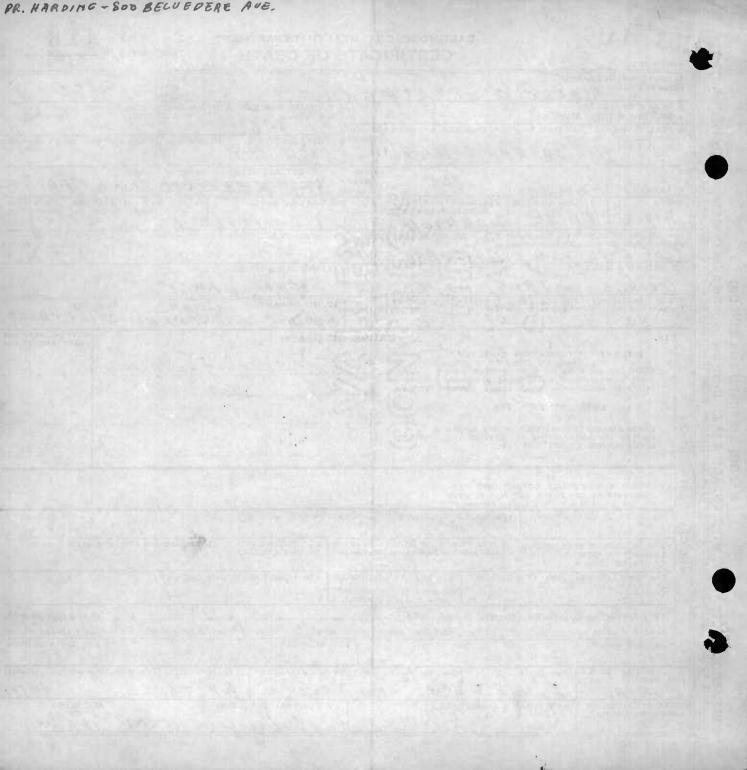
PLEASE W E PLA. Y, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

1	53 1.4	16	ВА			EALTH DEPART		53	14	11.6
В	IRTH NO.			CERTIF	FICATI	E OF DEAT	H	Registered	I No	
	NAME OF D Type or Print)	A .	C 57	RATI	MAN	· N		2. DATE OF DEATH 2/	18/5	3
Α.		EATH: City, Maryland					ENCE (W	here deceased lived. B. COUNTY		on : residence pefore admission
	FULL NAME OSPITAL OR ISTITUTION	ST. Jose		Hospi	location)	c. CITY OR TOWN	(If	outside carpurate lin	nies, rite	URAL and giv township
1		tav in Baltimore		45	Yrs. Moor			rural, give Meation)		HASEST
	MALE	6.COLOR OR RAC	E 7-SINGL	E, MARRIED, VED, DIVORC		8. DATE OF BIRT	Н	9. AGE (in years)	If Undet 1 Yea	
MOL	k done during most c	CUPATION (Give kind of working life, even if retir PLOYED	ed)	OF BUSINE	NDUSTRY	11. BIRTHPLACE (oreign country)	WH	TIZEN OF
	FATHER'S	NAME			1/2)	14. MOTHER'S MA				2. 11.
	GEORGE		ATMA		1.46	SOPHIA	LA	NGE	188.5	
(Ye	s, no or unknown)	D EVER IN U. S. ARM (If yes, give war or d	tes of service)		ITY NO.	17. INFORMANT		WIFE)	ADDRESS	E.CHASE
	18. 11.11	211		NON		OF DEATH	3///	ATMANN		ERVAL BETWEEN
	44	SE OR CONDITION			CAUSE .	OF BEATH		~		ET AND DEATH
	heart failu	LEADING TO DE not mean the mod- re, asthenia, etc. It n complication which	of dying, e.	se.	ac	ute Car	dia	: Delald	con	12/4,
		ANTECEDENT CA		, DUE 10	Oh	my oca	ndel			
Z		OR CONDITIONS		(B)	Ch	- Ity he	len	econ		******************
E	RISE TO T	HE ABOVE CAUSE ('ING CONDITION	A) STATING T	HE DUE TO						
NO.				(C)				•••••		******
ERTIFICATION	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU	T NOT RELAT	ED						
U		F OPERATION		FINDINGS	OF OPER	ATION				AUTOPSY?
DICAL									YE	
MEDIC		ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJU farm, factory, stree	JRY (e. g., in et, office bldg., e	n or 21c. WHERE D		f in Baltimore City	, give exac	et location)
2	21D. TIME (OF INJURY	Month) (Day) (Yes	m.	21E. INJURY WHILE AT WORK	NOT WHILE		אטראו (OCCUR?		
	22. I hereb	y certify that I d			-		1 to 2	8 .19	33_{that}	I last saw th
						red at 2 2 m.				
	23A. SIGNAT	Jo Dforo	lug		м. р.	3805 B	elais	, Pd.	23c. 1 248	S3
	4A. BURIAL. CON. REMOVAL (S	pecify)	100	24c. NAME O		RY OR CREMATORY		OCATION (City, tov		ty) (State)
D	ATE RECEIVE		R'S SIGNATI	MORELA URE.	AND /	25. FUNERAL DIE	RECTOR	CT6. CO.	ADDR	ESS
1	CAL REGIST		ington	F. David	山,外江	P.F. Hollas	ans	L 1639 K	BROAL	DWAY

VS 150

ADDRESS 1639 BROADWAY



PLEASE correct ag

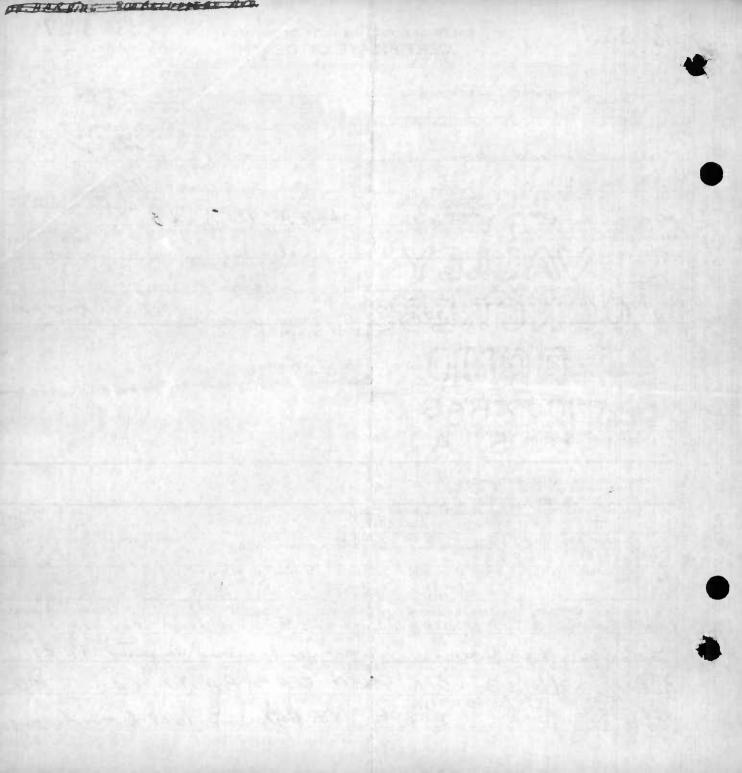
VS 150

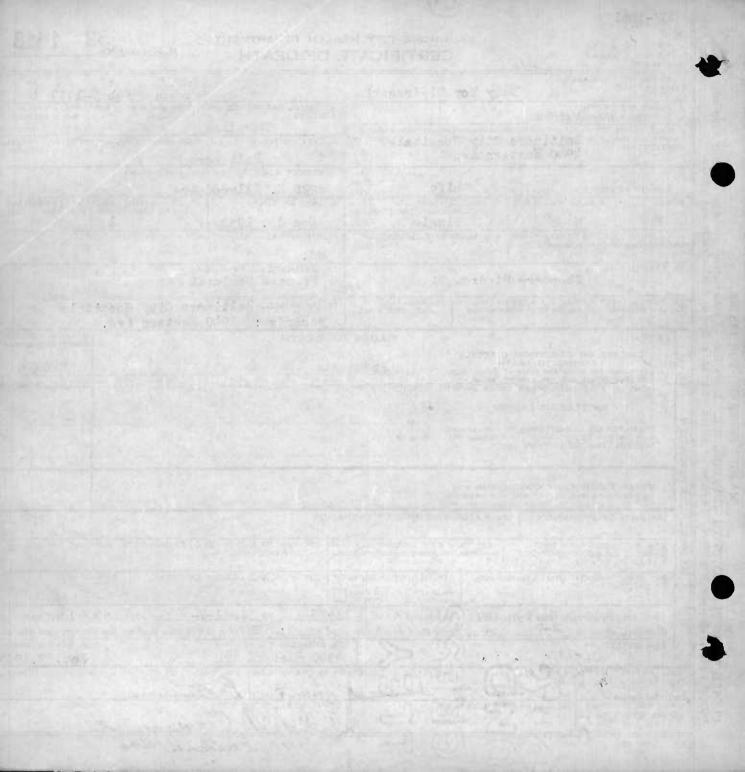
152	3
253	7.417

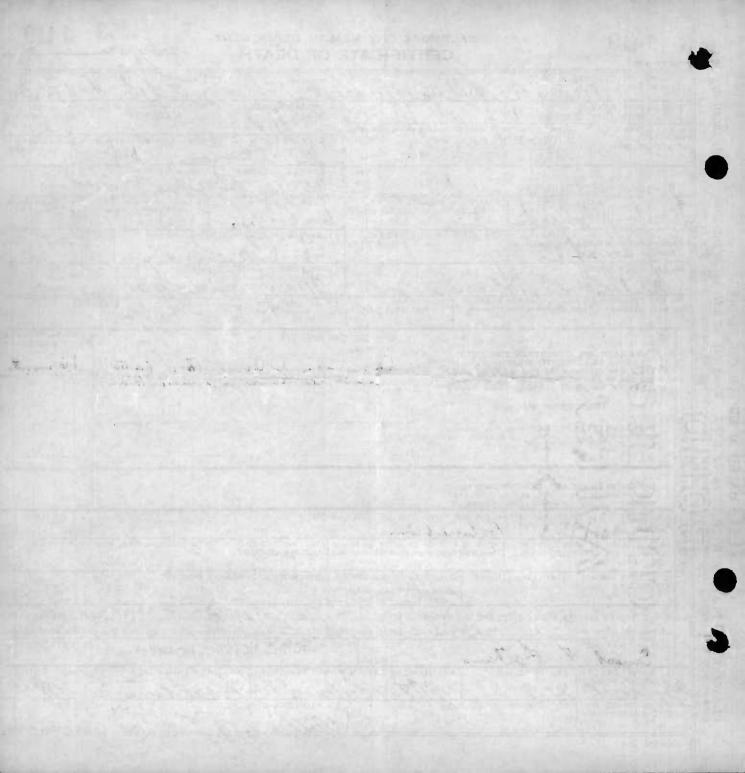
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1417
Registered No.

В	RTH NO.	IL OI DEATH				
	NAME OF DECEASED 'ype or Print)	2. DATE				
1	Janadon Johanna	OF DEATH 2-7-	7.9			
3	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before admission)			
В.	FULL NAME OF (If not in hospital or institution, give street address		,			
	OSPITAL OR location	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give			
1	Taryland General Hosp.	P 100000	township)			
1	Yrs.	D. STREET ADDRESS (If rural, give location)				
14	Mos					
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		1-1 V W 04			
	WIDOWED, DIVORCED (Specif		hs Days Hours Min.			
-	ferrat white married	AUG-18-1881 65.				
TOT WOL	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR to done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF			
	house ite		WHAT COUNTRY?			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	· 0 5.A.			
		- The state of the	/			
-	Gottleib weinel	Catherine?				
(Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 6. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS			
	NONE	Tohn Langdon 502 S.El	LWOOD AUG.			
	18. 1 Q 2 X CAUSE		INTERVAL BETWEEN			
	4727	OF BEATH	ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	newmon/a				
	injury or complication which caused death.) DUE TO					
1	ANTECEDENT CAUSES		A THE STREET,			
7	(8)					
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	*	•• ••••••••••			
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
	(C)					
RTIFIC						
L L	OTHER SIGNIFICANT CONDITIONS CON-					
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	PATION	20. AUTOPSY?			
1	O DOLLARDON FINDINGS OF OTE	MATION				
10	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.	in or 21c. WHERE DID (If in Baltimore City, giv	YES NO			
EDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21a. PLACE OF INJURY (e. s. about home, farm, factory, street, office bldg	r, etc.) INJURY OCCUR?	e exact location)			
Σ						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY					
	m. WHILE AT NOT WHILE ME AT WORK	E				
22. I hereby certify that I attended the deceased from 2-2- 19 33 to 2-7- , 19 53 that I l						
deceased alive on 2-6, 1953, and that death occurred at 5 4 m., from the causes and on the date states						
	23A. SIGNATURE	23B ADDRESS				
	501 1 1		23c. DATE SIGNED			
_		Maryland General Haspilat	4/1/83			
TIC	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	· N CTIT DAIDE	county) (State)			
	BURIAL 2/10/53 OAK LAU	A CEMT. BALTO. CO.	MD.			
D.	ATE RECEIVED BY I REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS			
1	FEB 9 = 105: Tuntington 1= liques, M	PO.F. Hollmann 1639 Br	oaderas.			







township) 9. AGE (in years If Under I Year Last birthday) Months Days Hours Min. 84 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO X YES (If in Baltimore City, give exact location) , 19 , that I last saw the 19 53 and that death occurred at & P. m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) VS 150

1620

before admission)

write RURAL and give

ESTELLA V PHILLIPS

442 ST. MARY ST. RIFE

FEMALE CCLCRED Winchen HE WIFE WERK

UNKACINA

MARYLAND BALTIMORE 442 ST MARY ST 4-33 1887 65 9 14 MARYLAND, U.S. K. SARAH WILSON HELEN PRICE STMARY ST

2-11-53

MT AUBLIEN CEM BRITIMORE ALL
MILLIAM A JACKSON PENNINGS

MI

BI	of	use
2	em	ca
FO	, it	the
Ð	'er	te
VE	回	WE
E	₩.	se
MARGIN RESERVED FOR BI	Z	lea
i	5	d
GIA	N	ans
AR(AI	sicis
M	N	hys
	0	P4
		nt.
	A	rta
	Z,	npo
1		i i
	3	all
	P	peci
	E	esi
,		3
	1	ge
	SE	ta
	EA	rec
	PLEASE V TE PLA LY, WITH UNFADING INK. Every item of	cor

VS 150

- Juan

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1421 Registered No.

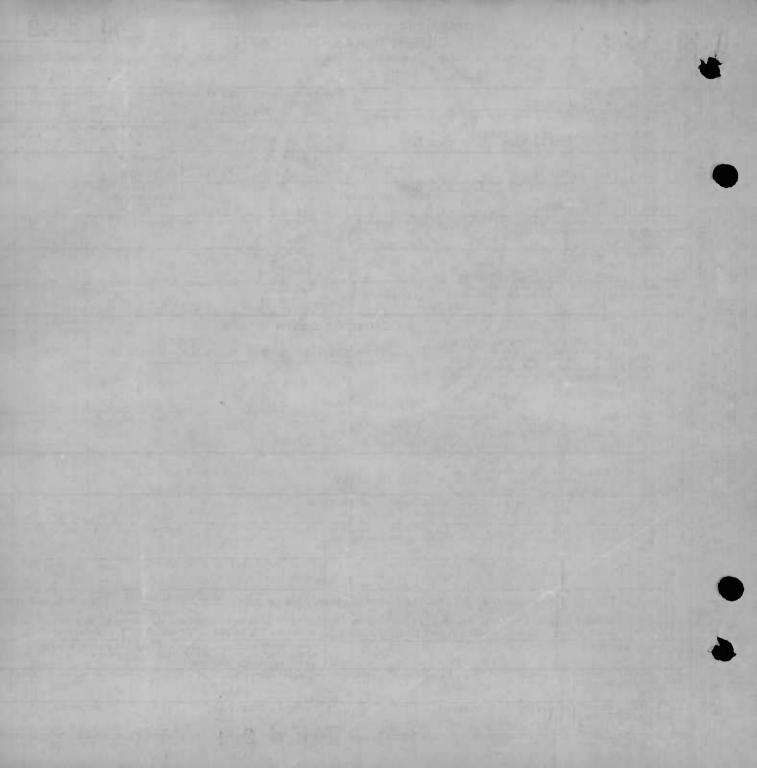
W _	BIRTH NO.	L OI BLATTI	
	Type or Print) alfretta ark	Und 2. DATE OF FEB	8,1953
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address of	med 1	alle.
	HOSPITAL OR NSTITUTION location	C. CITY OR TOWN (If outside corporate fraise,	township)
	214 Dolphin N Yrs.	D. STREET ADDRESS (If rural, give location)	
	Mos.	1914 A. O. Whi. A	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Un	der 1 Year If Under 24 Hours
	7 C WIDOWED DIVORCED (Specific	1886 last birthday) Mont	hs Days Hours Min.
W	OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR lock done during most of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY
-	none	- ya	U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	PRESS
-	In the control of the	Haura Wilson 217 Dolp	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	me Carrio- Vascular Ru	ellean)
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES)/-	1- 1	
12	U In	us & rufection	mrs
I C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0	
1	UNDERLYING CONDITION LAST.		•••
A O I LI	11		
	OTHER SIGNIFICANT CONDITIONS CON-		
	TO THE DISEASE OR CONDITION CAUSING IT.		
1	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
100	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 8.		
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	"etc.) INJURY OCCUR?	
1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHIL		
	22. I hereby certify that I attended the deceased from -3	-33 ,19 , to 2-8,53,19 ,	that I last saw the
	deceased alive on 7 19 2, and that death occu	irred atm., from the causes and on the	The second secon
	23A. SIGNATURE FILL Car dow M.D.	1524 Woill are	23c. DATE SIGNED
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D LOCATION (City, fown, or	county) (State)
	Bural 2/10/53 Lockstr	urg Jockstrus	Ya
	DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS

BINDING	MLY, WITH UNFADING INK. Every item of information should be carefully important. Physicians: place write the causes of death closely and leadily.
EVED FOR	Every item
MARGIN RESERVED FOR BINDING	UNFADING INK.
	NLY, WITH

530 531422		BAL	
1. NAME OF DE (Type or Print)	CEASED	JOHN	
3 PLACE OF DE	ATH.		

TIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	NAME OF DECEASED 'ype or Print) JOHN BUNDY	2. DATE OF DEATH Feb. 5, 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence
8.	FULL NAME OF 'f not in hospital or institution, give street address o	Maryland Baltimore
	OSPITAL OR location STREET Baltimore City Hosp.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
7	Yrs.	D. STREET ADDRESS (If rural, give location)
c.	Length of stay in Baltimore Mos. Days	1010 Franklin Arranya
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hour
_	lale Colored ~	Dec 26 1876 56
	A. USUAL OCCUPATION (Give kind of a dope during most of working life, even if retired) Watchman	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Rundy	
15 (Ya	S. WAS DECEASED EVER IN U. S. ARMED FORCE 17 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	SESSKITI KC.	Ethel Burdy 1919 Franklin and
	18. 443X CAUSE	OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	tensive cardiovascular disease.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	bensive cardiovascular disease.
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
ATIO	UNDERLYING CONDITION LAST. (C)	
U	11	
RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	tv
CE	TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ration 20. Autopsy?
DICA	21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	
	22. I certify that I took charge of the remains described	above, held an inspection & inquiry thereon and from
-		Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
	and death in my opinion resulted from: natural cause	$s \not \square$, accident \square , suicide \square , homicide \square , undetermined \square .
	23A. SIGNATURE RESIDENT	238. CHIEF MEDICAL EXAMINER
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
	Surial 12-9-53 mot Call	vary mg
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
1	-EB9-19531 14 5/3 0 1	& Tong A. Illson
V	S 151	4 1303 Presitament
	195/	100010000000000000000000000000000000000



PI.A

B

PLEASE

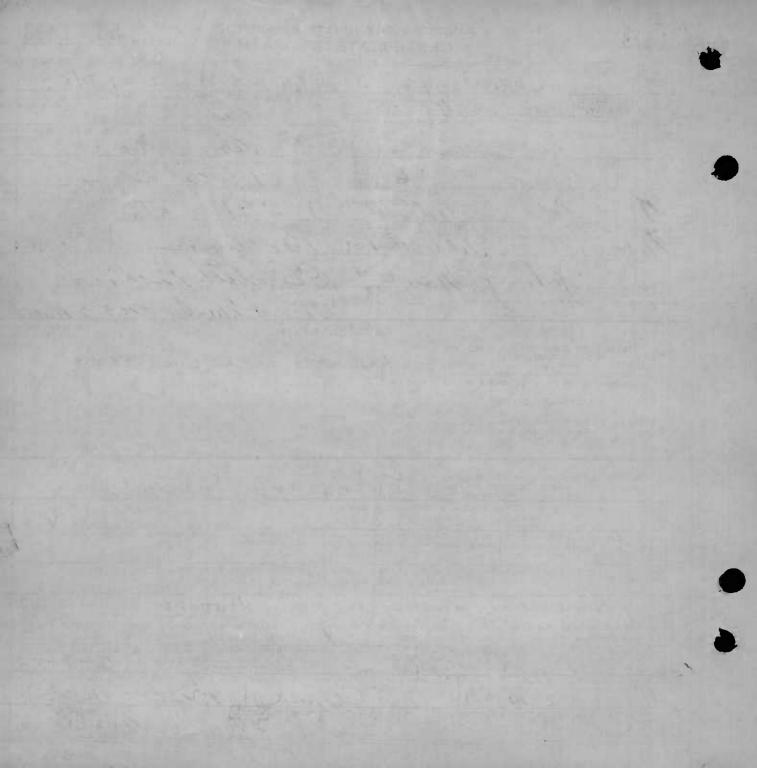
3	540
	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

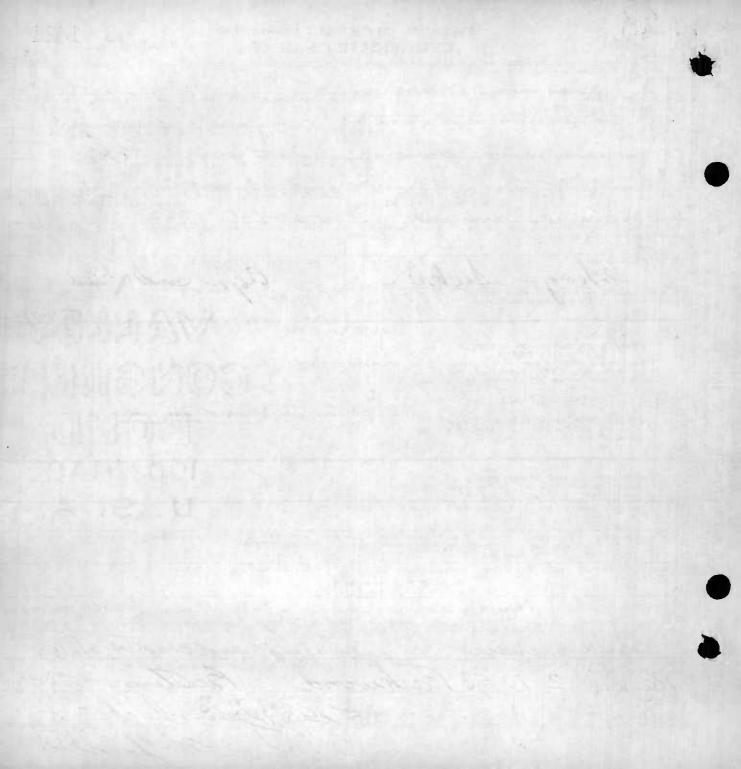
Registered No

CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE OF (Type or Print) CHRISTOPHER DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution 3. PLACE OF DEATH: residence B. COUNTY ore admission) A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR, TOWN (If outside corpora e limits write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) legibly c. Length of stay in Baltimore Days If Under 1 Year AGE (In years) 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF clearly WHAT COUNTR INDUSTR work done during most of working life, even if retired) ache 6 baren 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 6 15. WAS DECEASED EVER N U. S. ARMED FORCES? Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17 INFORMANT (Yee, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 20.1 arra ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Ü H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES important. CA (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bidg., etc.) ö UTING [CAUSE OF DEATH. Ш 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT especially AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased flied on the day stated above and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), honlicide \(\subseteq \), undetermined \(\subseteq \). 2 03 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248. DATE correct 10 RIVICE DIRECTOR ADDRESS DATE RECEIVED BY 25 FUNERAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR

V S 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied DEATH 2-6-53 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN (If HOSPITAL OR location) RURAL and give (If outside corporate Amits, wr INSTITUTION township) Baltimore (Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore Days 2519 Fait ave #24 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (in years | H Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) plnods lemale married 6-27-96 10A. USUAL OCCUPATION (Give bind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) clearl 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? H. w. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, sive war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ellemeo (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES H. C. V. D. (Appertunie cordio DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE ATT AT WORK WORK 22. I hereby certify that I attended the deceased from 2-5 1953 to 2 - 6 , 1953 that I last saw the deceased alive on 2-6- , 195-3. and that death occurred at 7 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS Laluele Bakhave M. D. Marzy 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) State Cilleria ILL Wal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 9 = 1055 VS 150

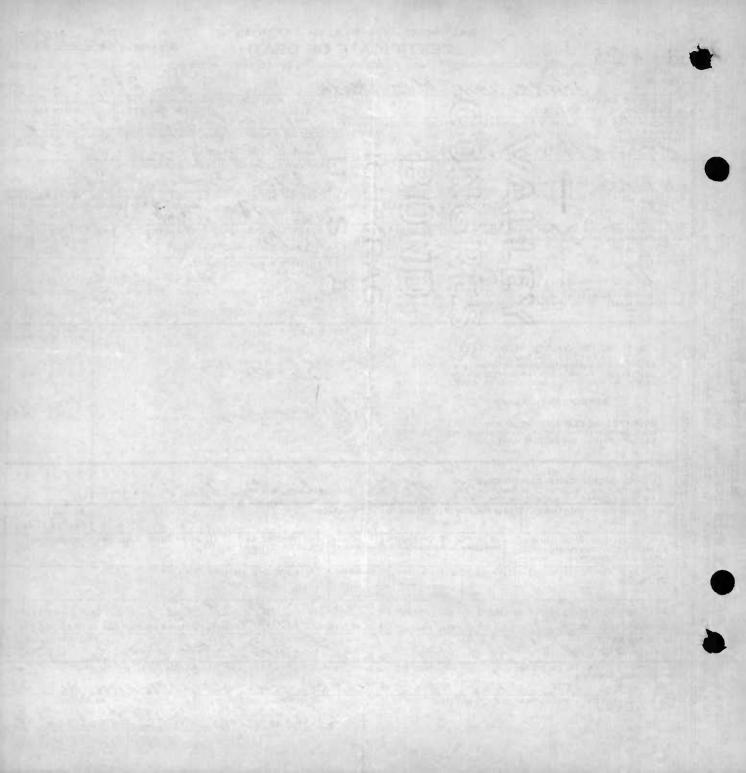


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 1425

Spil Bro. 1800 & Lomland St.

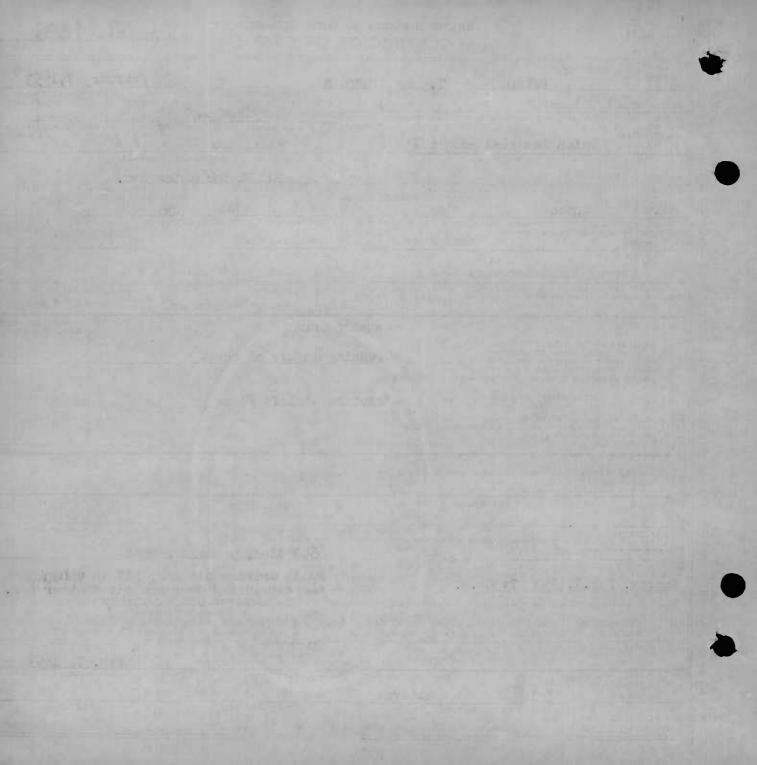
	KIH NO.						
1. (T	NAME OF DECEAS	. /	GAN.	MRS. K	ite	2. DATE OF DEATH	2/7/53
				A TENEDER	4. USUAL RESIDI	ENCE (Where deceased li	
		(If not in hospita	l or institution,			gland	0 4 "
		Homes	Hosa	7.1	Balla	(If outside corporal	te limits write RURAL and give township)
12	In the second	777 ~ 0	200	Yrs.	D. STREET ADDRI	ESS (If rural, give locat	ign)
_			84	Days	1823	Sough	1 St.
5.	F. 6.CO	LOR OR RACE				79 9. AGE to ye	ears if Under I Year M Under 24 Hours Ay) Months Days Hours Min.
work	done during most of working		10B. KIND O	F BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		1 -	00		14. MOTHER'S MA	IDEN NAME	2
	Thomas	a Kel	leg.		an	~ mch	cal /
15 (Ya	. WAS DECEASED EVE	R IN U, S. ARMED	FORCES? 16	6. SOCIAL SECURITY NO.	17. INFORMANT	e Ken e	ADDRESS
-	18 1106 2 18			CALIEF	0.000	~ 11 one	INTERVAL BETWEEN
	DISEASE OR			CAUSE	OF DEATH	-	ONSET AND DEATH
	(This does not m	ean the mode of	dving e.g.	(A) Bro	nche preu	nonza	3 washe
	injury or compli	eation which c	aused death.)	DUE TO	Bular	ual	
	ANTE	CEDENT CAUS	ES	200	11. eman		Chrale
o O	DISEASES OR C	ONDITIONS, IF	ANY, GIVING	(B)			
AT				(C)			
띮							***************************************
ERT	TRIBUTING TO TI	HE DEATH, BUT I	NOT RELATED	acterio	selerate	e Heat die	ene -
_				NDINGS OF OPER	RATION		20. AUTOPSY?
₹ U	Oli ACCIDENTI		L 21B BLACE	OF INITION (- a-l 21c WHERE F	UD /// in Politica	YES NO
MEDI	LYING OR CON	TRIBUTING				R?	City, give exact location)
	21D. TIME (Month OF INJURY	(Day) (Year)		_		INJURY OCCUR?	
			m. wo	ORK AT WORK		7.45	
		A / -					, 1925, that I last saw the
Н			, 1933. and			from the causes and	d on the date stated above. 1 23c. DATE SIGNED
	Nan	7.	Mars	M. D. 7	lund	170mm 4/16	Cycle 2/7/53
-	BURIAL				DRAL CEM.		FRICK RD MB
	MEDICAL CERTIFICATION	1. NAME OF DECEAS (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, I B. FULL NAME OF HOSPITAL OR INSTITUTION 10A. USUAL OCCUPAT Work dopeduring most of works 13. FATHER'S NAME 15. WAS DECEASED EVEI (Yea, no or nnknown) 18. LEAD (This does not meant failure, asthinjury or complimate of the print of the prin	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital Hospital OR INSTITUTION) 6. Length of stay in Baltimore 5. SEX. G.COLOR OR RACE 10A. USUAL OCCUPATION (Give kind of work dogo during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED (If yos, give war or dates) 16. WAS DECEASED EVER IN U. S. ARMED (If yos, give war or dates) 17. WAS DECEASED EVER IN U. S. ARMED (If yos, give war or dates) 18. DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode on heart failure, asthenia, etc. It mean injury or complication which contains the proof of the	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR INSTITUTION C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE. A WIDOWED 10A. USUAL OCCUPATION (Givekind of work dopeduring most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or naknown) (If yee, give war or dates of nervice) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 19A. DATE OF OPERATION 19B. MAJOR FINAL TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINAL TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21B. PLACE about bome, farm CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E about bome, farm 22A. BURIAL, CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 19B. MAJOR FINAL THE CREMA: 24B. DATE 11ON, REMOVAL (Specify) 1	I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) PARTICLE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) PARTICLE OF DEATH: Yrs. MOST Yrs. MOST S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) 10A. USUAL OCCUPATION (Givehinded work doppduring most of vorting lift, even if retired) 13. FATHERS NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or mahnows) 16. SOCIAL SECURITY NO. 17. SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthemia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSE NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION LAST. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISON, EMPLAYED whome, farm, factory, street, office bidge. CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISON, EMPLAYED whome, farm, factory, street, office bidge. CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISON, EMPLAYED whome, farm, factory, street, office bidge. CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISON, farm, factory, street, office bidge. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISON, farm, factory, street, office bidge. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISON, farm, factory, street, office bidge. CAUSE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISON, farm, factory, street, office bidge. CAUSE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTION DISON 21B. PLACE OF INJURY (C. g., I. ACCIDENT MATURE) 21C. Industry of the property of the property of the property of the prope	TOTHER SIGNIFICANT CONDITION LAST. I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION YES, Maryland C. CITY OR TOWN YES, Maryland C. CITY OR TOWN INSTITUTION YES, Maryland I. SERV. G. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) II. BIRTHPLACES III. BIRTHPLACES	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH 3. Raltimore City, Maryland 5. FULL NAME OF (If not in bospital or institution, give street address or location) 6. FULL NAME OF (If not in bospital or institution, give street address or location) 7. Institute on 8. FULL NAME OF (If not in bospital or institution, give street address or location) 8. FULL NAME OF (If not in bospital or institution, give street address or location) 9. STATE 9. STATE 9. STATE 9. ACTOR TOWN (If outside corporal institution) 10. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) 11. BIRTHPLACK/State or foreign country) 12. MAS DECEASED EVER IN U. S. ARMED FORCEST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INDOMANT 18. JURIAL STATE CONDITION DIRECTLY 18. DISEASE OR CONDITION DIRECTLY 18. DISEASE OR CONDITION DIRECTLY 18. DISEASE OR CONDITION LAST. 19. ANTECEDENT CAUSES 19. DISEASES OR CONDITION LAST. 10. CAUSE OF DEATH 10. SCILL TO THE ABOVE CAUSE (A) STATING THE 19. DISEASE OR CONDITION LAST. 10. CAUSE OF DEATH 11. DISEASE OR CONDITION LAST. 12. LA ACCIDENT WAS UNDER. 11. CAUSE OF DEATH 12. DISEASE OR CONDITION LAST. 12. PLACE OF INJURY (a.g. la or INJURY OCCUR?) 19. DATE OF OPERATION 19.



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1426

BIRTH NO.	CERTIF	ICATE OF DEA	ATH Register	4 No. 1450	
1. NAME OF DECEASED (Type or Print) GEORGE	T.	STONER	2. DATE OF DEATH FO	bruary 7,1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	SIDENCE (Where deceased live B. COUNT	ed. If institution: residence Y before annissio	
HOSPITAL OR INSTITUTION	institution, give street	location) C. CITY OR TO		limits, write BURAV and grownsh	
Union Memorial	L Hospital		ODRESS (If rural, give location	7)	
Tanakh as atau in Daltimana		Mos.			
	SINGLE, MARRIED.	8. DATE OF B	O E. Lafayette Av	rel If Stades 1 Year If Under 24 Ho	
Male White	Single	ED (Specify) Jan. 12		Months Days Hours Mi	
OA, USUAL OCCUPATION (Give kind of pork done during most of working life, even if retired)	B. KIND OF BUSINE	SS OR 11. BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTR	
Typist 13. FATHER'S NAME	Newspaper 1		MAIDEN NAME		
Harvey E. Stoner, S	Sr.	Sop	Sophia Collins		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of s		ITY NO. 17. INFORMAL	NT	ADDRESS	
Mo (? 320010	Mr. Harv	vey Stoner Jr. 120	3 Poplar Grove	
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of di heart failure, asthenia, etc. It means t injury or complication which cause	RECTLY ying, e. g., (A) he disease,	Crushing injury	of chest	INTERVAL BETWE	
Z DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STUUNDERLYING CONDITION LAST.	(B) NY, GIVING ATING THE DUE TD	Fracture of lef			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE OISEASE OR CONDITION CA					
U 19A. DATE OF OPERATION 19B.	MAJOR FINDINGS	OF OPERATION		YES NO	
(1 2 IA EXTERNAL CAUSE WAS 2	21B. PLACE OF INJU out home, farm, factory, street	t,office bldg.,etc.) INJURY O		City, give exact location)	
2 1D. TIME (Month) (Day) (Year) (Ho		OCCURRED 21F. HOW	DID INJURY OCCUR?		
Approx. Feb. 7, 1953 7:30 22. I certify that I took charge the evidence obtained by sai and death in my opinion res 23A. SIGNATURE	id Autopsy, Inspectulted from: natur	ection or Inquiry, find and causes \Box , accident	Autopsy, Inspection or Inq that said deceased died o suicide , homicide FMEDICAL EXAMINER	hit another car iry thereon and fr uiry n the day stated abo □, undetermined □.	
24A. BURIAL, CREMA- 24B. DATE	24C. NAME D	M.D. MEDICAL	IT MEDICAL EXAMINER INVESTIGATOR ORY 24D. LOCATION (City.	Feb. 7, 1953 town, or county) (State	
Buriel 2/10/53	Vester	n	Baltimore,	Md.	
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR		25. FUNERAL	chner Sons. Inc	. Balts ms	
V S 151					



supplied.

ully

should

information s of death cle

of i

Every write th

BINDING

RESERVED

MARGIN

legibly

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1427

2. DATE NAME OF DECEASED OF (Type or Print) HAROLD DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION South Belto. Genl Hospital township) Baltimore D. STREET ADDRESS (If rural, give) Yrs. Mos. 2721 N. Calvert c. Length of stay in Baltimore Days 9. AGE (In years | | Under 1 Year | | H Under 24 Hours | last birthday | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Married June 5. 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) Jr. Chemist Flec. Co Balto. Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Janie Miles Stephan G. I. Cotton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. Frances R. Cotton INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Massive intrapontine cerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Hypertensive cardiovascular disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Õ UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WORK AT WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [X, accident], suicide], homicide], undetermined]. 23B. CHIEF MEDICAL EXAMINER ... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER

PLEASE WILL'S PLAINLY, WITH correct age is especially important.

And Julner Sons Dre Balls

MEDICAL INVESTIGATOR

24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

25. FUNERAL PRECTOR

V S 151

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

Burin

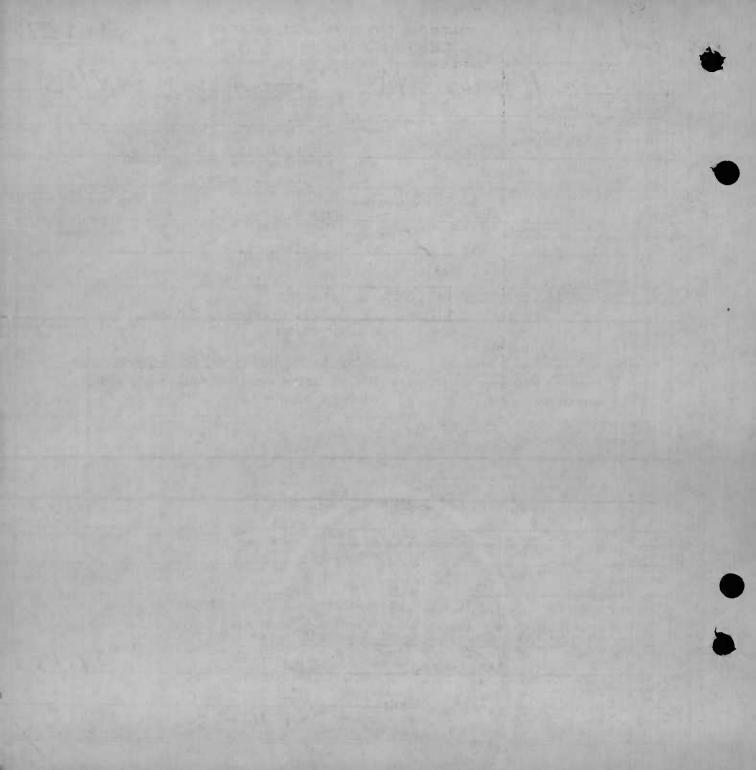
0075E

Belto.

1953

REGISTRAR'S SIGNATURE

muncion



If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

before admission)

townskin

ADDRESS

(If in Baltimore City, give exact location)

23c. DATE SIGNED

(State)

20. AUTOPSY

Mt. Joy Lancaster Co. Pa.

-123

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write KUP A and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, see lo Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE NED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. ranues TOA. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS OR work down during life, de gui fretired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR information s unewis 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dated of service) 16. SOCIAL 17. INFORMAN (Yes, no or unknown) 212-32-2270 INTERVAL BETWEEN CAUSE OF DEATH item 20.1 ONSET ND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONmbolus TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the decased , 19 ___, that I last saw the and that death occurred at 1.5.2 om., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL, (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) und DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

the filed a tene copy of the cose on file t the of we of the Chief Maryland.

Signed

NOT A MEDICAL EXAMINER'S CASE

CHIEF OF POST AND A CONTROL OF THE POST A CONTROL OF THE POST AND A CONTROL OF THE POST AND

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Lucy Mary Grooms Feb. 5, 1953 illy supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B FILL NAME OF (If outside corporate limits, west, RURAL and give C. CITY OR TOWN INSTITUTION township) Mercy hospital Baltimore D. STREET ADDRESS (If rural, give lecation) Yrs. Mos. c. Length of stay in Baltimore 703 Harlem Ave. yrs. Days information should be of death clearly and l 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female Colored Married Jan. 25, 1895 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF USA. Housekeeper hospital St. Marvs Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Hayden Nellie Cole 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL Mr. Russell P. Grooms (Yes, no or nnknown) SECURITY NO em of in Harlem Ave INTERVAL BETWEEN Every item write the cau CAUSE OF DEATH 442X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK 1952 to 2 - 1952 that I last saw the 22. I hereby certify that I attended the deceased from. m., from the eguses and on the date stated above. deceased alive on Z . 19 ... and that death occurred at 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY PLEASE Burial Feb. 10,1953 New cathedral Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

764 8T

TOTAL RELEASE DECO. ATTENDED A PROPERTY

-	-	2
)R	en	Ca
MARGIN RESERVED FOR I	7 it	the
A	er	te 1
VE	Ä	vri
R		0
SE	X	ase
RE	Ħ	$^{\rm ole}$
Z	SZ	
GI		an
AR	A	ici
K	K	hvs
	1	ρ.
	H	45
	117	Lan
	1	Or
	LY, WITH UNFADING INK. Every item	mr
4		7

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

Å.	BI	RTH NO.						
		NAME OF D	ECEASED			2. DATE OF		
ed.			E	mma W. Lyle		DEATH 2/6/	153	
fully supplied ly.	3.	PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If	institution : residence hefore admission)	
dns	В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)			Maryland		and the same of	
>					c. CITY OR TOWN (If	outside corpotate limit	write RURAL and give	
y.		5	703 N. F	remont Ave.	Baltimore	- 1/	township)	
	Yrs.				D. STREET ADDRESS (If rural, give location)			
	c.	Length of s	tay in Baltimore	Life Mos. Days	703 N. Fremon	nt Ave.		
be	5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours nths: Days Hours Min.	
on should be clearly and	F	emale	Negro	Marraed	10/20/06	46	iths Days Hours Mm.	
ho	10	A. USUAL OC	CUPATION (Givekinder	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
n s	WOLI	Housev	of working life, aven if retired)	None	Baltimore, Mo	d.	WHAT COUNTRY?	
information s of death cle	13	FATHER'S	NAME		14. MOTHER'S MAIDEN NAME			
ma		Robe	rt Prout		Ophelia Brown			
f d	15	. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
in	(Ye	a, no or unknown) NO	(If yes, give war or date	of service) SECURITY NO.				
of	-				Leonard B. Ly	ATE, 102 N.	INTERVAL BETWEEN	
Every item write the cau		18. 33/ X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY					ONSET AND DEATH	
it			100					
ery		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					/ se and	
Ever		injury or	complication which	aused death.) DUE TO				
			ANTECEDENT CAUS	SES IL	meelemin		1 12 10	
INK. please	Z	DISEASE	S OR CONDITIONS, II	F ANY GIVING		****************	10 gm	
plq	TIO	RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE TO				
NG.	I ∢ I	ONDERE	TING CONDITION EX	(C)		***************************************		
UNFADING Physicians:	RTIFIC							
FA	R		II SIGNIFICANT CONDI					
UNF	CE		TO THE DEATH, BUT					
H		19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
WITH rtant.	CAI						YES NO	
LY, WITH	EDIC	21A. ACCIE	ENT WAS UNDER-	218. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,	n or 21c. WHERE DID (I	f in Baltimore City,	give exact location)	
Y,	Ā	CAUSE OF						
	-	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
III		m. WHILE AT NOT WHILE AT WORK						
PL ecia.		22. I hereby certify that I attended the deceased from / 30, 1953, to 2-6-, 1953 that I last saw the						
TE		deceased alive on 2 6, 1952, and that death occurred at 5 m., from the causes and on the date stated above.						
T e		23A. SIGNATURE / , 23B. ADDRESS 23c. DATE SIGNED						
		The	us E, Hou	un	2224 MARY OR CREMATORY 24D. LO	lui for	2-9-5-3	
Bag	24	4A. BURIAL.	CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	OCATION (City, town,	or eounty) (State)	
PLEASE correct a	111	on REMOVAL (S Burial		3 Arbutus Mem	orial Para Bal	to. Count.	Md.	
LE		ATE RECEIVE	D BY REGISTRAR	S SIGNATURE,	orial Pari Bal		ADDRESS	
Po	L	OCAL REGIST		tore wayer. N.Z.		2 RAN Due		

and the same of th WITH THE WATER OF THE SAME THE PART OF STREET the second of and the second THE WILL DESCRIPTION OF THE PROPERTY OF THE WARRENCE OF THE WA

Male

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 1

township)

Type or Print)	Frederick	н.	Adams

2. DATE OF DEATH 2/6/53

9. AGE (in years | f Under | Year | If Under 24 Hours | Months Days | Hours | Min.

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

YES

, 1953, that I last saw the

(If in Baltimore City, give exact location)

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR

location'

A. STATE Maryland c. CITY OR TOWN

8. DATE OF BIRTH

7/11/86

B. COUNTY before admission) (If outside corporate limits, waite RURAL and give

3018 Abell Avenue

Baltimore D. STREET ADDRESS (If rural, give location 3018 Abell Avenue

11. BIRTHPLACE (State or foreign country)

c. Length of stay in Baltimore Days 5. SEX 6. COLOR OF RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR

work done during most of working life, even if retired) Field Advisor Md. Unemployment Sec. Bd. 13. FATHER'S NAME

Wilsie Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service)

16. SOCIAL SECURITY NO.

Yrs. Mos

Oswego, New York

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

14. MOTHER'S MAIDEN NAME

Hvde

17. INFORMANT

Mrs. F. H. Adams 3018 Abell Avenue CAUSE OF DEATH INTERVAL BETWEEN

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

about home, farm, factory, street, office bldg., etc.)

WORK

DUE TO ARTERIOSCLEROTIC HEART DISEASE

A ARTERIAL HY PRETENSION

B. BUNDLE BRANCH BLOOK DUE TO CEREAR - VASCULAS ACCI dent (OLD)

CORDNARY THROMBOSIS

Right Hem, preson (MINIMAL)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or

24B. DATE

LYING OR CONTRIBUTING

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

24c. NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

AT WORK 22. I hereby certify that I attended the deceased from.

1953, and that death occurred at 125 Am., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

deceased alive on 6

OF INJURY

24A. BURIAL CREMA-TION REMOVAL (Specify) Burial New Cathedral DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Baltimore, Md. ADDRESS

24D. LOCATION (City, town, or county)

VS 150

LOCAL REGISTRAR FR 9 = 105

PLEASE WR

information should be

of i

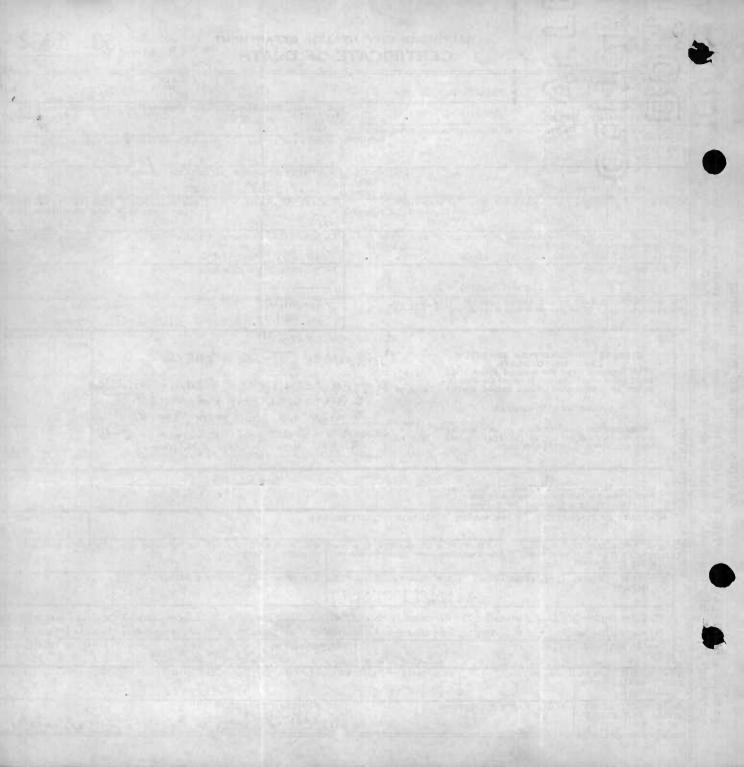
Every write th

INK.

UNFADING Physicians: p

ERTIFICATION

EDICAL



causes

Every ite

UNFADING Physicians: 1

LY, WITH important.

VS 150

RESERVED

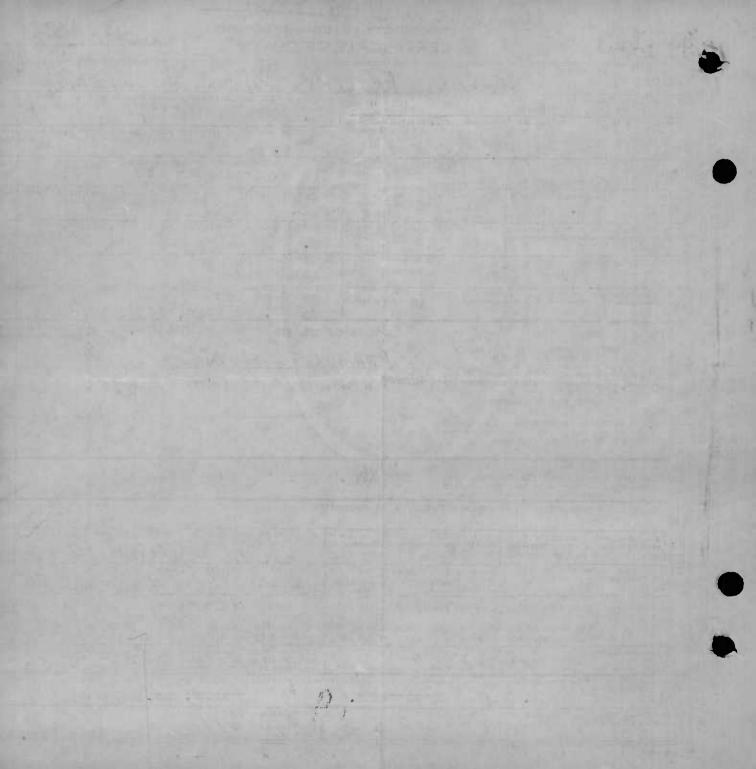
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1433 Registered No.

NAME OF DECEASED 2. DATE (Type or Print) Ethel Gillan OF DEATH Feb.7.1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Mursing Home location) C. CITY OR TOWN (If outside corporate limits, write RUAAL and give INSTITUTION township) 2601 Roslyn Ave. Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 34 Yrs 601 Loudon Ave Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Jan.14,1883 Widow 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Steelman Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Andrew Gillan. 832 Wedgewood 18. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WORK AT WORK 1952 to 2 - 7 - 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 2 - 7 . 1953, and that death occurred at 2 ______ from the causes) and on the date stated above. 23A. SIGNATURE 238, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Feb.10 Olivet Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Edmondson



EALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) CHARLES DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived. 3. PLACE OF DEATH: A STATE before admission) B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, RUAAL and give township) Balto. W. Lexington Rear of 651 legibly. D. STREET ADDRESS (If rural, give location) 36 yrs Mos. 656 W. Lexington St c. Length of stay in Baltimore AGE (In years I funder I Year I funder 24 Hours last birthday) Months Days Hours Min. Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWER BYORCED (Specify) Mal e 1.890reb. should 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of clearly WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY ireman information s s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Sullivan Alice Hume BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SOM ADDRESS (Yes, no or unknown) SECURITY NO. F.Sullivan.1941 Railroad item of in Maridge Md INTERVAL BETWEEN CAUSE OF DEATH 903.01 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES A important. 21c. WHERE DID (If in Baltimore City, give exact location 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or EDIC. INJURY OCCUR? about home_farm, factory, street, office bldg., etc.) 210. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Feb. 8, NOT WHILE X Apparently fell to ground (back yard especially WORK 22. I certify that I took charge of the remains described above, held an HUTOPSV thereon and irom Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. 60 and death in my opinion resulted from: natural causes a goodent X suicide , homicide undetermined 2 52 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER. 2 ge MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) correct 53 Loudon Pk. Feb. urial ADDRESS DATE RECEIVED BY 28. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Edmondson Ave.



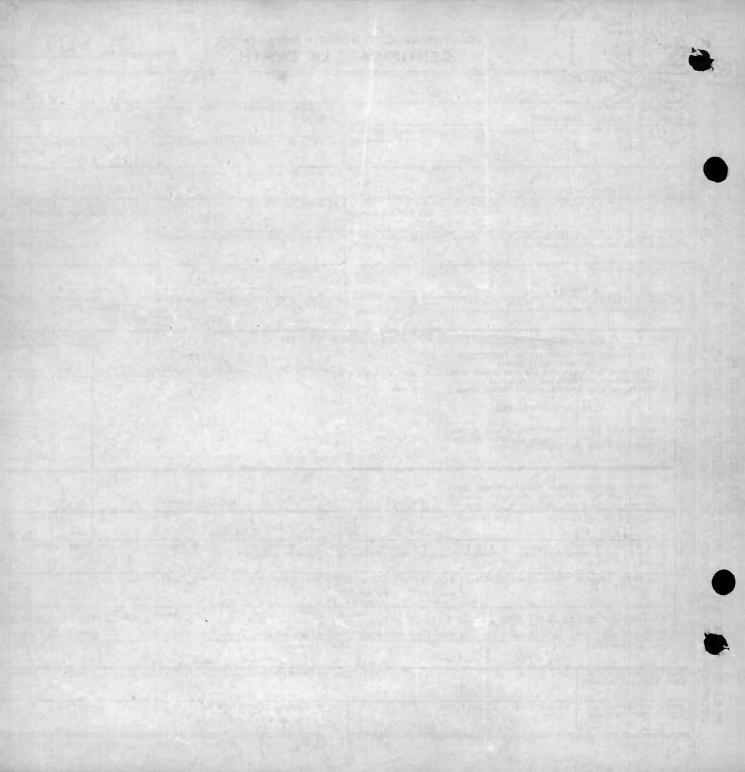
MARGIN RESERVED FOR BINDING

VS 150

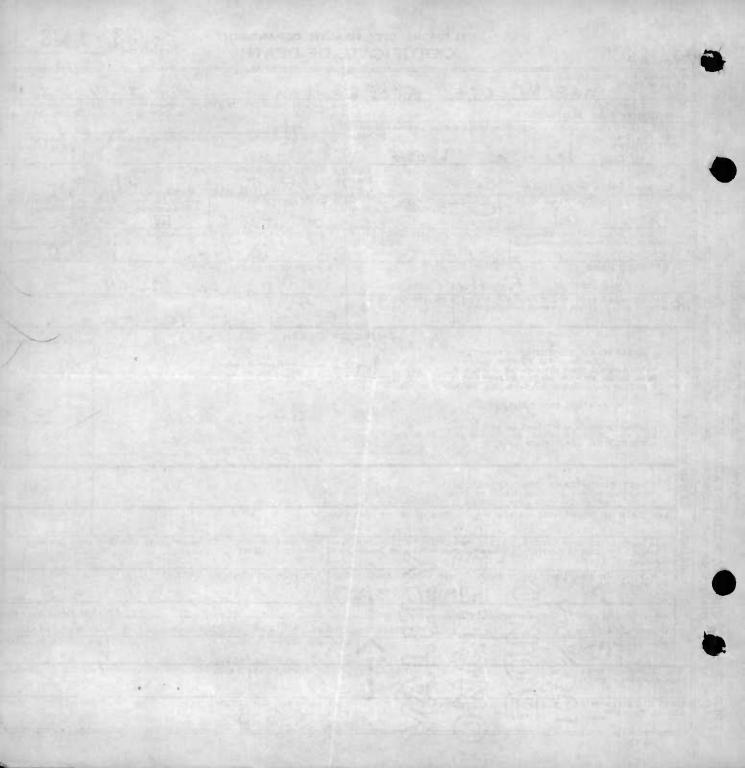
BALTIMORE CITY HEALTH DEPARTMENT

1425

\$ 7.5	BI	IRTH NO.)		CERTIFICATI	E OF DEATH	Registered	No. Traco	
d. T	1. (T	NAME OF DE	CEASED	rce II	Devic Cn		2. DATE OF Hol	7 705%	
supplied		George F. Davis Sr. B. PLACE OF DEATH: B. Baltimore City, Maryland				4. USUAL RESIDENCE (W	DEATH TOD There deceased lived, I B. COUNTY		n)
lly su	В.	FULL NAME (OF (If not in hospital)		ion, give street address or location)	c. CITY OR TOWN (If	outside corporate lim	nits, write RURAL and gi- township	ve p
e ca legn	-	Length of st	ay in Baltimore	60 Yr	Yrs.	D. STREET ADDRESS (If		nsville	
y and l		. SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. (ED. DIVORCED (Specify) 1dower	B. DATE OF BIRTH July 27/83	9. AGE (In years)	Nonths Days Hours Mir	us n.
information should be of death clearly and	WOF	k done during most o	CUPATION (Give kind of f working life, even if retired) O FMAN	Balto	of Business or INDUSTRY Transit Co	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY	Y.
death		Ha:	rry E. Davi	.s		14. MOTHER'S MAIDEN NA Emma Snyder	AME		
f infees of	15 (Ye	5. WAS DECEASE m, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT George P. Davis		ADDRESS	-
ADING INK. Every item of i icians: please write the causes	FICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which etc. ANTECEDENT CAUS OR CONDITIONS, IF ABOVE CAUSE (A) ING CONDITION LAS	'H f dying, e. g ns the discass aused death ES ANY, GIVIN	(a) (A)	ciume, lift	luz	6 mg	
UNFADING Physicians: 1	CERTIFIC	TRIBUTING	II GNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D III VA	sire CV De	seen	10 yrs	1
Hel .	DICAL	Dec 21A. ACCIDE	ENT WAS UNDER-	218. PLA	FINDINGS OF OPER THE CA CE OF INJURY (o.g., in	or 21c. WHERE DID	f in Baltimore City,	20. AUTOPSY? YES NO () give exact location)	K
E PLA! Y,	MED	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR? 21c. WHERE DID INJURY OCCUR?							e.
PLEASE W	D	AA. BURIAL, CON, REMOVAL (SI BURIA] ATE RECEIVED	Jan 10/	53	17110 11	RY OR CREMATORY 24D. LC	Aco. Md.	n, or county) (State))
		EER 0-1	053 +11 112	In to	BALLADO, BY	TOTAL INDUSTRI	Ol Edmand	Son Arra	



P		1 8 6 (7) (7)	CITY HEALTH DEPARTMENT	S3 1438 Registered No.
information should be callly supplied. To death clearly and legibly.	(T 3. A. B. HG IN C. 5.	Sept Kelly Was deceased even in u. s. armed forces? 16. soci	4. USUAL RESIDENCE (Where A. STATE ect address or location) Yrs. Mos. Days D. STREET ADDRESS (If rural A. STATE A. STATE D. STREET ADDRESS (If rural A. STATE A. STATE A. STATE D. STREET ADDRESS (If rural A. STATE A	DATE OF DEATH DEATH c deceased lived. If institution: residence B. COUNTY ide corporate limits, write RURAL and give township) AGE (In yeurs last birthday) Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of inform Physicians: please write the causes of de-	MEDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	CAUSE OF DEATH (DAUGHTER Carcinomitosis Mrs Bernard Enis Carcinomitosis Mrs Bernard Enis	
PLEASE WEEF PLACY, WITH UNFAD: correct age Especially important. Physician		TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDING 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, farm, factory, stock to compare the compared of	JURY (e. g., in or treet, officebldg., etc.) RY OCCURRED NOT WHILE AT WORK 19, to 4cb. death occurred at 10 45 a.m., from the end of the drail cof CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR	7, 19£3, that I last saw the



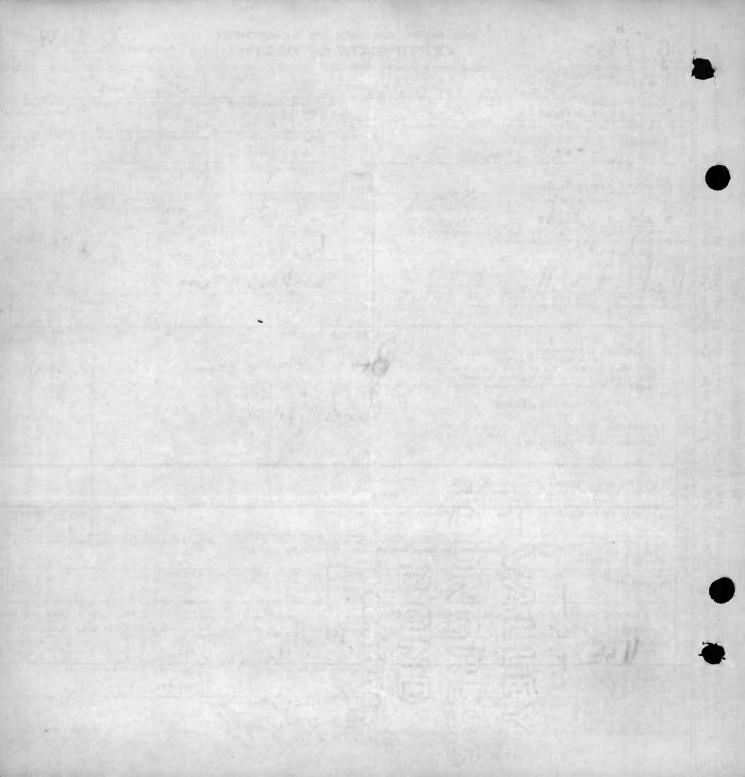
BINDING

RESERVED

MARGIN

V S 151

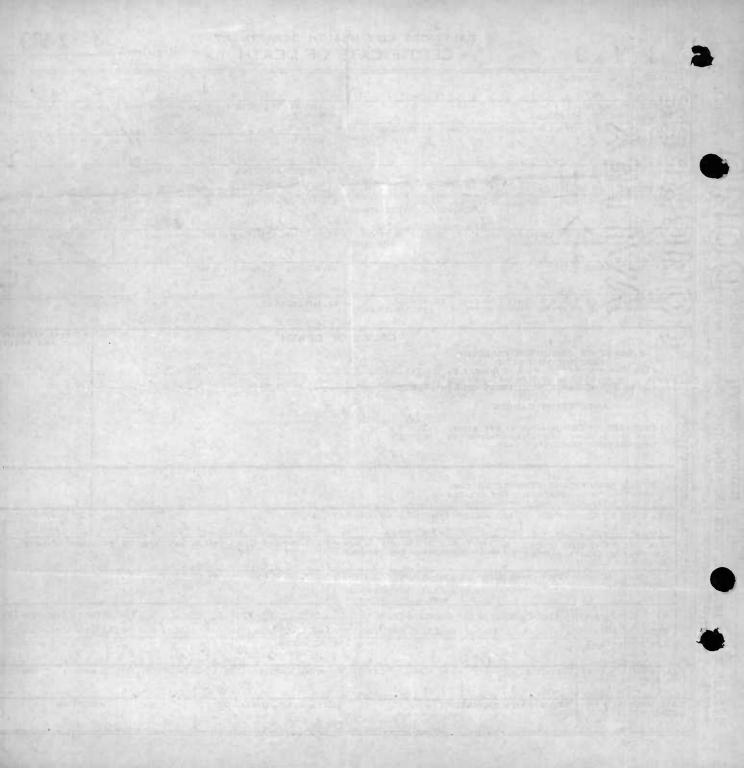
R	BI	163 3 1438 RTH NO.	ВА		EALTH DEPARTMENT E OF DEATH	X Registered N	1438		
ed. J	1. (T	NAME OF DECEASED ()	Loberta.	The Walter	(havlec	2. DATE OF DEATH 2 -	8-73		
uppli	A.	PLACE OF DEATH: Baltimore City, Maryla FULL NAME OF (If not		tion, give street address or	4. USUAL RESIDENCE	B. COUNTY	institution: residence before admission)		
fully supplied. ly.	H	STITUTION (MAY)	h Home b	Floring Tocation			, write RURAL and give township)		
	c.	Length of stay in Balti	more 7	Yrs. Mos. Days	D. STREET ADDRESS (IN	IT It a			
should be		SEX 6. COLOR DE	RACE 7. SINGL	E. MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH		Under I Year If Under 24 Hours nths Days Hours Min.		
IDING information shou of death clearly	10 worl	A. USUAL OCCUPATION (G. done during most of working life, even	ivekindof 108. KIN		III. BIRTHPLACE (State of		12. CITIZEN OF		
G mation eath c	13	FATHER'S NAME	1. E	- s)	14 MOTHER'S MAIDEN N		00/14		
BINDING of inform uses of dea	15 (Ye	. WAS DECEASED EVER IN U., no or unknown) (If yes, give w	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESSCatonsv		
R cal		18. 491 X I	OITION DIRECTLY		Bertha W. Robe	ervs.118 Fo	INTERVAL BETWEEN		
the the	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
RESERVED INK. Ever please write		ANTECEDEN		(B)	in film				
RESEIG INK.	ATIO	DISEASES OR CONDIT RISE TO THE ABOVE CAN UNDERLYING CONDIT	JSE (A) STATING T	NG	1				
MARGIN F UNFADING Physicians: p	TIFIC	OTHER SIGNIFICANT	CONDITIONS SO						
MA UNF Phys	CER	TRIBUTING TO THE DEAT	TH, BUT NOT RELAT	ED IT					
WITH rtant.	AL	19A. DATE OF OPERATIO	ISB. MAJOI	R FINDINGS OF OPER			YES NO		
LY, WITH important.	JEDIC	21A. ACCIDENT WAS UILYING OR CONTRIBUTED OF DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City, g	rive exact location)		
A P	-	21D. TIME (Month) (Day OF INJURY	(Year) (Hour)	WHILE AT NOT WHILE AT WORK		Y OCCUR?			
TE PI especia		22. I hereby certify the		deceased from 2	- 5 1953 to		3, that I last saw the		
ITE 1 esp		deceased alive on 2	3 , 19 77.	and that death occu	rrcd atm., from t	the causes and on th	e date stated above		
500	24	IA. BURIAL CREMA- 248.	DATE	M. D.	hunh yome an	OCATION (City, town,	or county) (State)		
ASI	TIC	Burial Fel	b.11/53	St John's	Ell	icott City,	IId.		
PLEASE correct ag	D.	ATE RECEIVED BY REGIONAL REGISTRAR	STRAR'S SIGNAT	URE S	75. FUNERAL DIRECTOR	101 Edmonds	ADDRESS		
	=	Vs 150	8 3	0 0 3 3	17407	- au Maig			



VS 150

	dns	
	113	
	20	
	be	
	should	
DING	formation	
BINI	of ir	
FOR	item	
RVED 1	Every	1
RESE	INK.	1
MARGIN RESERVED FOR BINDING	I UNFADING INK. Every item of information should be ce lly sup	TO THE PERSON NAMED IN COLUMN 1

C	BI		TY HEALTH DEPARTMENT CATE OF DEATH Registered No.	3 1439
ied. T	(T	NAME OF DECEASED (Sype or Print) A A A A A A A A A A A A A A A A A A A	hastain 2. Date OF DEATH 7 for	4 145-3
ly supplied.	A.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	before admission)
N SI	H	FULL NAME OF (If not in hospital or institution, give street ad OSPITAL OR 45. Pablic Vez 1th Servi &	dress or cation c. CITY OR TOWN (If outside corporate limits,	write NICKAL and give
	4	tispital, Lymen Bek Drive	Beltimire 16"	township)
cs	6	Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 3912 G /brine R d	
should be	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Un	nder I Year If Under 24 Hours
ould ly a		+ W Martical	11/4/1891 67	ns Days Rours Min.
on shoul	worl		OR USTRY 1. BIRTHPLACE (State or foreign country) 1.	2. CITIZEN OF WHAT COUNTRY?
tion th cl		B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11.5.4
NG rmati death		John Nesh	Taliz (Tiba	
BINDING of information uses of death cle	1.5 (Yes	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (1f yes, give war or dates of service) SECURITY	NO. 17. INFORMANT ADD	DRESS
R BIN		10 1511	Records USPHS Hospi	INTERVAL BETWEEN
		18. / 5 / X CA	USE OF DEATH	ONSET AND DEATH
F 5 H		(A)	zreinomz stomach	14224
Every write the		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1th wide spread metastasis	
<u> </u>	_	ANTECEDENT CAUSES		
RESERVED INK. Ever	Į O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***
75	CAI	UNDERLYING CONDITION LAST. (C)		
MARGIN NFADING nysicians:	IFI	П		
MA NF,	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
	U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
WITH rtant.	CAL	June 1952 / Carcingme	Stomach with metastases	YES NO
Y, WITH	EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, off		e exact location)
Imi I	Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?	
A			T WHILE	
E PL		22. I hereby certify that I attended the deceased from	5 J24 , 1953, to 7 7eb , 1953	that I last saw the
是原		deceased alive on 1 766, 1950, and that death	a occurred at 10 1/2m., from the eauses and on the	
W I		1. 7. 11 cn 1	. D. M SPHS Hospital Balta. Md.	F 706 1953
	24 TIC	4A. BURIAL, CREMA 24B. DATE 24C. NAME OF CON, REMOVAL (Specify)	EMETERY OR CREMATORY 246. LOCATION (City, town, or	
PLEASE correct ag		Burial Peb.11/53 Balto. ATE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRESS
PL		OCAL REGISTRAR REGISTRAR'S SIGNATURE	Acris N. Million Ol Bamondson	



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

1440

BIRTH NO.	ANNA C. Burges	2. DAT	
1. NAME OF DECEASED (Type or Print)		RGER DEAT	H 2/8/53
3. PLACE OF DEATH: A. Baltimore City, Maryland			ased lived. If institution : residence COUNTY before admission
	tal or institution, give street address or location)	Md. C. CITY OR TOWN (If outside co	rpor te limits, write WHAL and g
INSTITUTION	sp. & morgue	Baltimore	townsi
	Yrs. Mos.	D. STREET ADDRESS (If rural, give	location)
c. Length of stay in Baltimore	Life Days	2706 Edmondson A	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	last b	irthday) Months Days Hours M
10A. USUAL OCCUPATION (Give kind of	I IOB, KIND OF BUSINESS OR	Feb. 17, 1892 60	ntry) 12. CITIZEN OF
work done during most of working life, even if retired) Home		Maryland	WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Valentine H. Due		Walburga F. Knott	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	es of service) SECURITY NO.	17. INFORMANT	ADDRESS
No No	No	John Burger 2706 Edi	nondson Ave.
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L UNDERLYING CONDITION L TRIBUTING TO THE DEATH. BUT TO THE OISEASE OR CONOITION	caused death.) SES IF ANY, GIVING DUE TO CAST. (C) OITIONS CON- NOT RELATED N CAUSING IT.	,	LIVER
U 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY
V 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB.	21B, PLACE OF INJURY (e. g., i about home, farm, fectory, street, office bldg.,		
WIND CAUSE OF DEATH			imore City, give exact location)
UTING CAUSE OF DEATH 21D.TIME (Month) (Day) (Year OF INJURY			
UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURR	above, held an Autop	thercon and j
UTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year OF INJURY 22. I certify that I took cha the evidence obtained by	Type of the remains described a said Autopsy, Inspection or	nbove, held an Autops, Inspection Inquiry, find that said deceased X, accident \(\sigma\), suicide \(\sigma\), hom	thereon and for the training the day stated about t
UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year OF INJURY 22. I certify that I took cha the evidence obtained by and death in my opinion 23A. SIGNATURE	The second of the remains described of the remains described of the resulted from: natural causes.	Autopsy, Inspection Inquiry, find that said deceased s x, accident _ suicide _ hom 238. CHIEF MEDICAL EXAMINE ASSISTANT MEDICAL EXAMINE 1.D. MEDICAL INVESTIGATOR	thereon and from the day stated about the day state
UTING ☐ CAUSE OF DEATH 21D.TIME (Month) (Day) (Year OF INJURY 22. I certify that I took cha the evidence obtained by and death in my opinion	The state of Cemeter (Note of Cemeter) (Hour) 21e. INJURY OCCURR WHILE AT NOT WHILE AT WORK rege of the remains described of said Autopsy, Inspection or it resulted from: natural causes Market NAME of CEMETE	Autopsy, held an Autopsy, Inspection Inquiry, find that said deceased & M. accident, suicide, hom 238. CHIEF MEDICAL EXAMINE ASSISTANT MEDICAL EXAMINE ASSISTANT MEDICAL EXAMINE TO BE CREMATORY 240. LOCATION	thereon and for finding the day stated about the da

THE STREET, STATES

BALTIMORE CITY HEALTH DEPARTMENT Registered No 3 CERTIFICATE OF DEATH 2. DATE OF Feb. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits, write & URAL and give Baltimore D. STREET ADDRESS (If rurai, give location Northern Parkway 9. AGE (In years If Under 1 Year Is Under 24 House last birthday) Months: Days Hours Min. Feb. 17, 1897 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Elizabeth 17. INFORMANT ADDRESS SAME AUMANI INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH CC SEVERE MYOCANDIAL FRILUR 20. AUTOPSY

21c. WHERE DID (If in Baitimore City, give exact iocation)

INJURY OCCUR? 2 IF. HOW DID INJURY OCCUR?

1953 that I last saw the

m., from the causes and on the date stated above. 238 ADDRESS 246. LOCATION (City, town, or county)

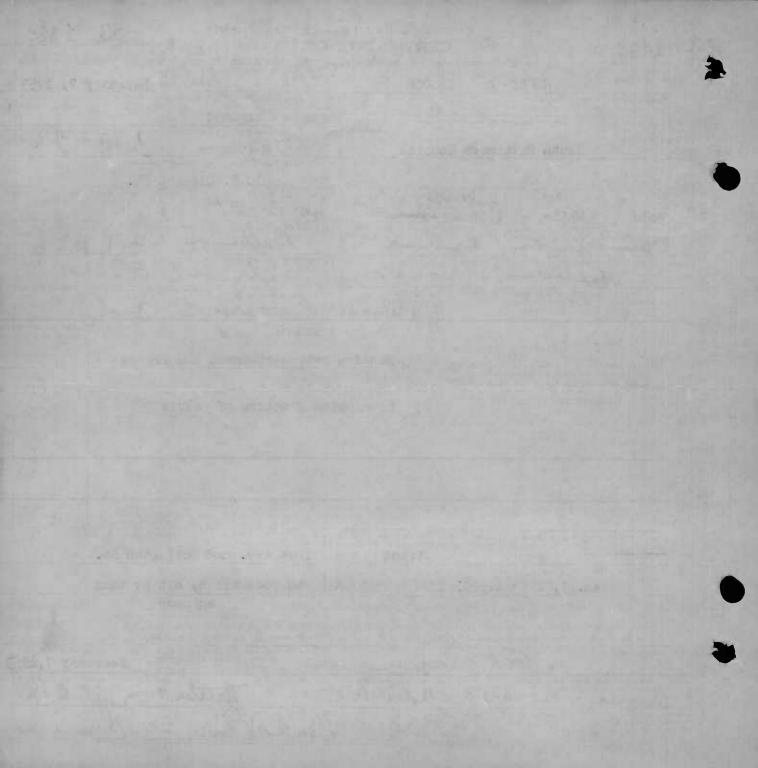
Parkwood Cemetery Baltimore. Maryland

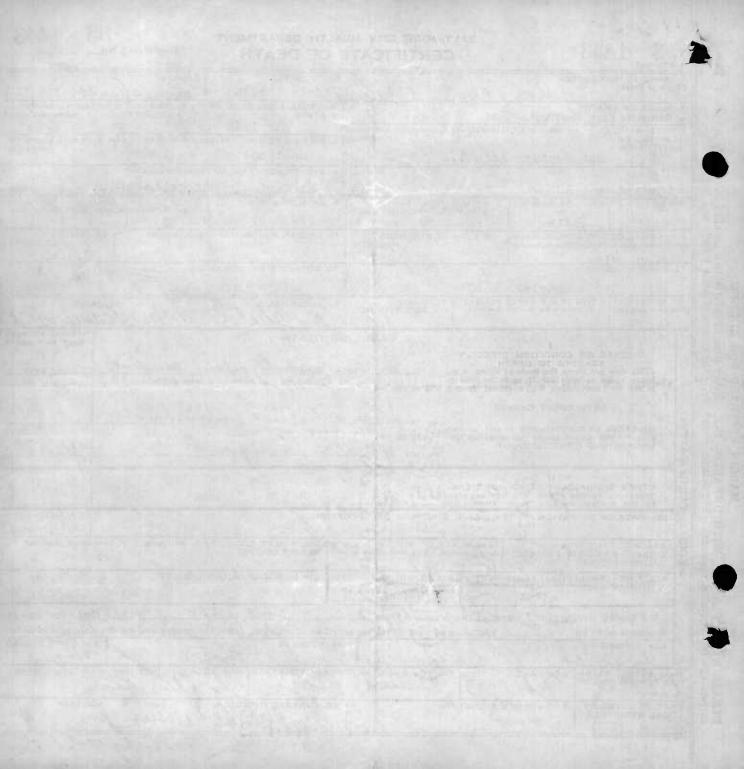
5305 Harford Road nick

VS 150

Dr. Hirschfeld 6919 Harford hoad 11- 12-30

V S 151



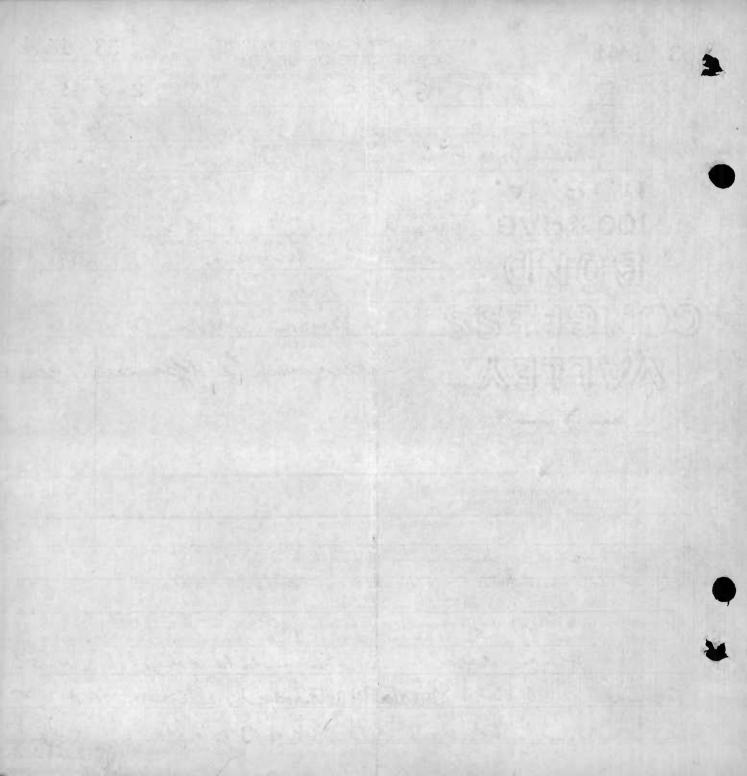


5	650 53 1444
ed. T	1. NAME OF DECE (Type or Print)

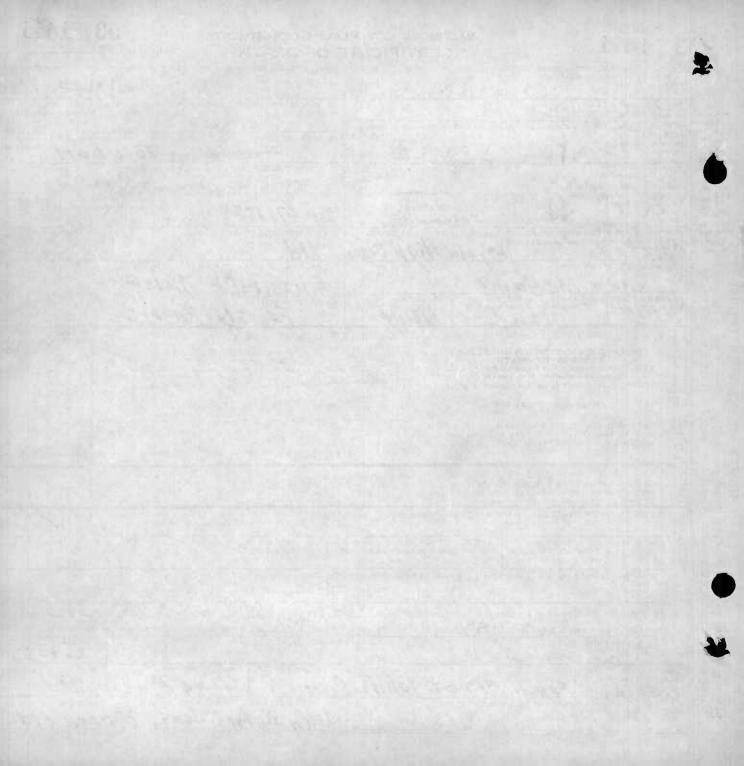
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 1444

1. NAME OF DECEASED 177	GREE	N	2. DATE OF DEATH	1-8-53	
B. FULL MANE CELY, Maryland B. FULL MANE CELY ALLEGATION IN THE HOSPITAL OR	krivgereet address or	4. USUAL RESIDENCE (W	B. COUNT	Y before admissio	ion)
INSTITUTION Juridale Ded Hos	NC.	2 altino	outside corporate	limits write LURAL and gi	
c. Length of stay in Baltimore 2 44	Yrs. Mos. Days	2423 W.C	rural, give location	ring Lone	,
The second of th	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last hirthday	rs It Undo Diear If Under 24 Her Months Days Hours Mi	Guis lin.
10A. USUAL OCCUPATION (Givakind of tob. KIND (work deneduring most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT POUNTR	RY1
13. FATHER'S NAME Shacks		14 MOTHER'S MAIDEN NA	AME		
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	37. INFORMANT L. Jac	Abo -33	ADDRESS ON	e
13. 157 X	CAUSE			INTERVAL BETWEE	bal bal t W
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Care	cinoma hea	dofpan	cres / year	2
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					Name and Advanced in the Control of
19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?	?
21a. ACCIDENT WAS UNDER. 21B. PLAC LYING OR CONTRIBUTING about home, fari	E OF INJURY (e. g., in m, factory, street, office bldg., d		f in Baltimore C	YES NO Lity, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY	E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?		
WH	ILE AT NOT WHILE				
22. I hereby certify that I attended the d		-11 43052, to 2	8	19 $\frac{5}{5}$, that I last saw t	the
deceased alive on 4-8, 19-35, ar	nd that death occur	red at // pm., from t	he causes and	on the date stated about	
23A. SIGNATURE Herry Wage	e M. D. 2	Levidale	Home	2-8-53	3
Durial, CREMA- 24B. DATE 10 F3 24	Greater &	alto Lodge BO	Elling (City,	town, or county) (State	te)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	E Na Qua i Maria	25. FUNERAL DIRECTOR	NB182	ADDRESS - 1124-26 W	r=
VS 150		OF CAPORTONIE	71000	North Onen	=



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location VIf outside corporate limits, write RURAL and give INSTITUTION 10WSOM Yrs. D. STREET ADDRESS (If rural, give location Mos. tomamous c. Length of stay in Baltimore Days on should be 5. SEX 6. COLOR QR RACE 9. AGE (In years | Months; Days | Hours | Min. 7. SINGLE, MARRIED DATE OF BIRTH WIDOWED, DIVORCED (Specify) herman 11 BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most ni working life, even if retired) information s CareTaker 13. FATHER'S NAME 15. WAS DECEASED EVER IN U 16. SOCIAL CURITY NO. 18. INTERVAL BETWEEN y item CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO UNFADING Physicians: p ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES Y 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK Feb 8 1953, to_ _, 150, that I last saw the 22. I hereby certify that I attended the deceased from. 1953, and that death occurred at deceased alive on Fal 9 _m., from the causes and on the date stated above. 23c, DATE SIGNED 2-9-53 23A. SIGNATURE 23B. ADDRESS PLEASE W 24A. BURIAL, CREMA-TION REMOVAL (Specify) 240. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY LOCAL REGISTRAR VS 150



VS 150

49068

TO ME STATE OF STREET Street, will an engineer a symplectic of a projection (France, so) to see to see as action and material materials and a second

MARGIN RESERVED FOR BINDING

VS 150

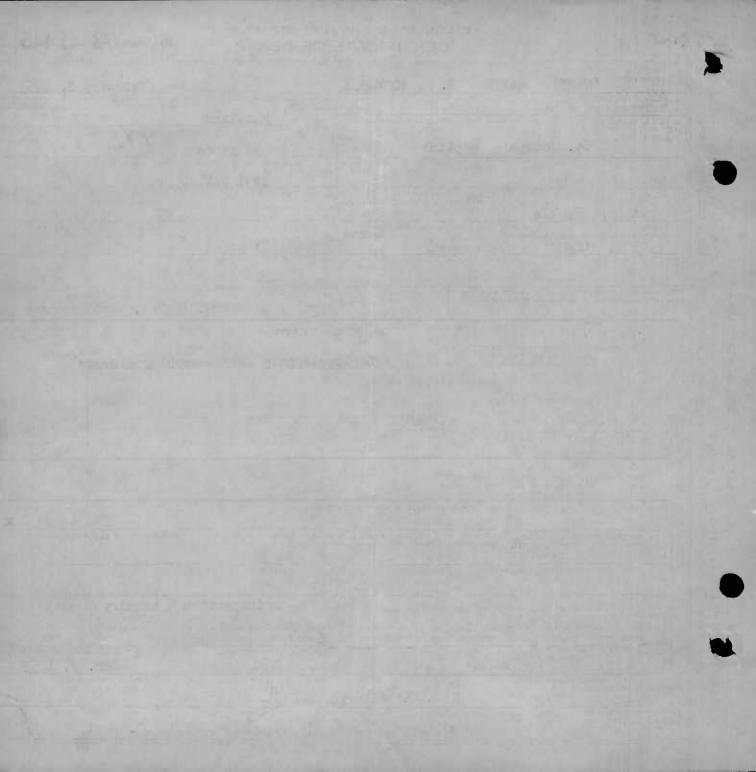
5-13	5 36	7		EALTH DEPARTMENT	53	1447
P B	BIRTH NO.		CERTIFICAT	E OF DEATH	Registered No.	200. 20
.pa	Type or Print)	DECEASED	et Schneider		OF DEATH 1. a	19#3 ha.
dd A	B. PLACE OF I A. Baltimore	City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
, H	HOSPITAL OR NSTITUTION	Y H	location)		outside corporate limits, y	vrite RURAL and give
	7 ()	willes su	Yrs. Mos.	D. STREET ADDRESS, (If r	rural, give location)	
(1)	Length of sex	stay in Baltimore 6.COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) # Um	der 1 Year If Under 24 Hours
	Senale OA. USUAL O	CCUPATION (Glyokind of	WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (State or fo	7.65	Days Hours Min.
0 11	ork done during mos	t of working life, even if retired)	NDUSTRY	Beltmore		WHAT COUNTRY
information of death cl	3. FATHER'S	NAME		6 Lave Bi	ME 1) data	
of of CA	5. WAS DECEAS	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	APR	RESS
ause	18. 42	2,1	CAUSE	OF DEATH	4	INTERVAL BETWEEN
Every item of i	(This doe heart fail	SE OR CONDITION LEADING TO DEA es not mean the mode oure, asthenia, etc. It mes	TH of dying, e. g., ons the disease,	once Try oc	ardelis	6 minu
.	Injury of	ANTECEDENT CAUS	0:-	This Kale	Ali.	1111
please TION	DISEASE RISE TO	S OR CONDITIONS, I	F ANY, GIVING STATING THE DUE TO	imos vai	ous	1410
ING ns: p	ONDERL	YING CONDITION LA	(C)			
UNFADING Physicians: p	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
He III	19A. DATE		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WITH important.	CAUSE OF	DENT WAS UNDER- DR CONTRIBUTING	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, give	
>	21D. TIME OF INJURY	(Month) (Day) (Year	WHILE AT NOT WHILE		OCCUR?	
E PLA	22. I here	by certify that I at	tended the deceased from 71.	eb-1- , 1953, to fre	eb-8, 1953;	that I last saw th
is e	23A. SIGNA	ature on Tieb 7-		rred at 12-45 Am., from the 23B. ADDRESS EN MIN		acte stated above 23c. DATE SIGNED
E ag	24A. BURIAL.	CREMA- 24B. DATE (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	OCATION (City, town, or	county) (State)
	DATE RECEIV	TRAR	's SIGNATURE	25. FUNERAL DIRECTOR	0.01 9.02	DDRESS

	1.	•
	supplied.	
•	carefully	legibly.
	AINLY, WITH UNFADING INK. Every item of information should be carefully supplied	Physicians: please write the causes of death clearly and legibly.
3 BINDING	m of informa	causes of dea
MARGIN RESERVED FOR BINDING	. Every ite	write the
RESE	INK.	please
MARGIN	UNFADING	Physicians:
	T. WITH	ally important. I
9	AINLY	ally im

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

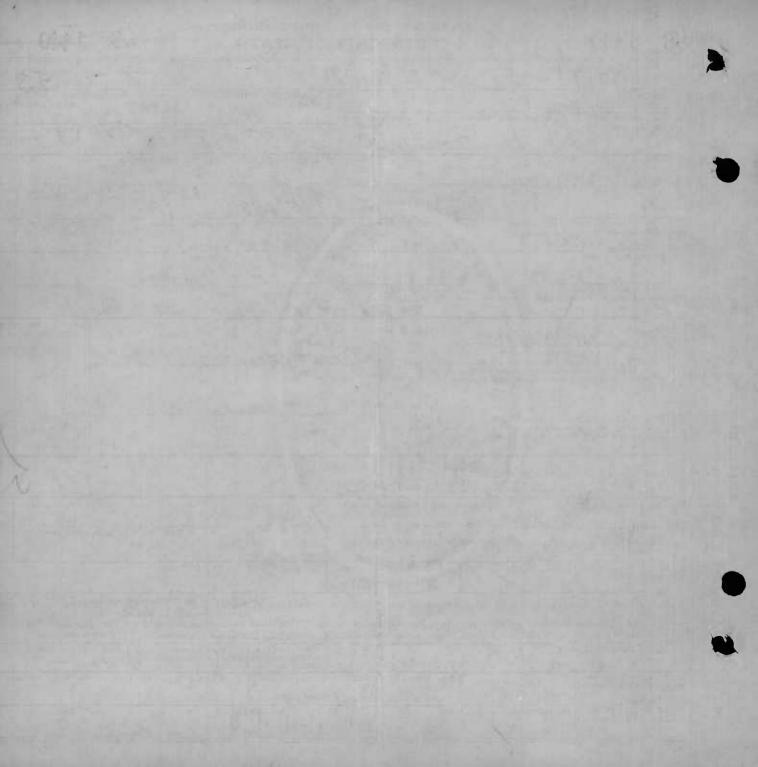
BIRTH	NO.**									
	ME OF DECEAS or Print) (MAF		מדת "	NTTO CHEST	,			2. DATE OF		2050
3. PLA	CE OF DEATH:	LL) PIAI	RIE E	MITCHELL	4.		ENCE (W	here deceased lived	L If institu	7, 1953
	ltimore City, M		-1 i	ion, give street address o		STATE Man	yland	B. COUNTY		before admission
HOSPI	ITAL OR	(II not in nospii	tal or institut	location		CITY OR TOWN	y Land	outside corporate	inits wit	teRERAL and giv
INSTI	St.	Joseph	s Hosp	ital		Bal	timore	, / (1.0	township
				Yrs.				ural, give location)	
	ngth of stay in			Mos. Days	3			ley St.		
5. SEX	FEMALS.COL	White		E, MARRIED, VED, DIVORCED (Specification)	v)	ut 1887	-1	9. AGE (In years last birthday)	Months	Days Hours Min.
IOA. U	JSUAL OCCUPAT during most of working housewife	(life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTR	11.	BIRTHPLACE (S				CITIZEN OF WHAT COUNTRY
13. FA	THER'S NAME		logit tion	ne	_	MOTHER'S MA				
		nali consti consti			F.	ered and pus				
15. WA	AS DECEASED EVER	IN U. S. ARME	D FORCES?	16. SOCIAL		INFORMANT			ADDRE	
1 88, 10	or unknown) (If ye	es, give war or date	os or service)	SECURITY NO.	A	rthur Too	dward,	, 1617 E.	North	Averue
18	422.1			CAUSE	OF	DEATH				INTERVAL BETWEE
	DISEASE OR									
	(This does not m	ING TO DEA	TH of dving e	Arter:	iosc	lerotic C	ardiov	rascular D	isease	3
	heart failure, asth	enia, etc. It me	ans the diseas	se,						·
	injury or compli	eation whien	caused dean	a.) DUE TO						
	ANTE	CEDENT CAU	SES						100	
	DISEASES OR C				***********					***************************************
2	UNDERLYING	OVE CAUSE (A)	STATING T	HE DUE TO						
5				(C)						
1		Н								
	OTHER SIGNIF	E DEATH, BUT	NOT RELAT	ED						
1	TO THE DISEASE			FINDINGS OF OPE	PATIC	NI.				20. AUTOPSY?
13	A. DATE OF OPE	RATION	ISB. MAJOR	FINDINGS OF OFE	RATIC					YES NO K
21/	A. EXTERNAL CA	USE WAS		ACE OF INJURY (e. g.,		21c. WHERE D	OID (If	in Baltimore Ci	ty, give e	
5 UN	IDERLYING C	R CONTRIB.		farm, factory, street, office bldg	,,etc.)	INJURY OCCU	R?			
	D. TIME (Month)			21E. INJURY OCCUR	RED	21F. HOW DID	INJURY	OCCUR?		
	INJURY	(-15) (-11		WHILE AT NOT WHIL	E					
			m.	WORK AT WORK		4		an P in an		* *
22	2. I certify tha	t I took cha	rge of the	remains described	above	e, held an	Autopsy, I	nspection or Inqu	iry th	creon and from
	the evidence	obtained by	said Aut	opsy, Inspection or	Inqui	iry, find that	said de	ceased died on	the da	y stated above
-	and death in	my opinion	resulted	from: natural caus	es LX.			XAMINERX		
23	A. SIGNATURE	18/7	sken		M.D.	ASSISTANT ME MEDICAL INVI	EDICAL E	XAMINER	Feb.	7, 1953
24A.	BURIAL, CREMA-	24B. DATE		24c. NAME OF CEME	ERYO	RCREMATORY	24D. LC	CATION (City, to	own, or co	unty) (State)
	REMOVAL (Specify)	2/10/52		XXXXXXXXXXXXX	XX	ETER'S Coretero	Palt	imore.	May	ryland d
DATE	RECEIVED BY	REGISTRAR	S SIGNATU			FUNERAL DIR		,		DRESS
LOCA	L REGISTRAR	Thereto	MA A CORN I	on the fit of a	100	1 1	2 05	לף קדבר	Perr	Street



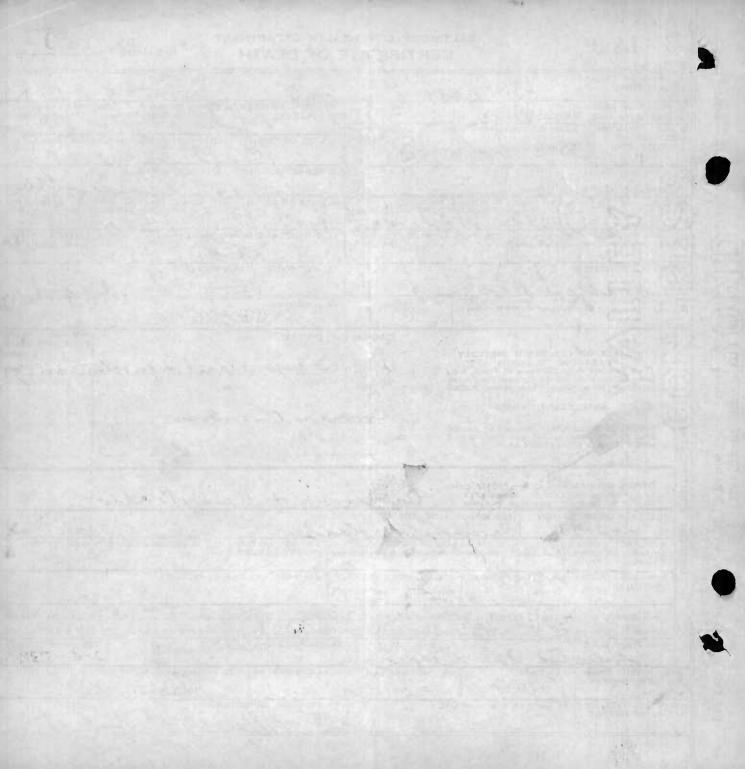
BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

Register BNo 1 AA9

9	IRTH NO: 13130	CERTIFICATI	E OF DEATH		THE		
-	NAME OF DECEASED Type or Pint H	LOGAN		2. DATE OF DEATH 23 -	7-53		
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. In B. COUNTY	institution: residence before admission)		
В	FULL NAME OF 'f not in hospital or i	nstitution, give street address or					
	OSPITAL OR 123 M. N	Front St	c. CITY OR TOWN (IF	outside corporate limi	ts, with RURAL and give township		
C	. Length of stay in Baltimore	Yrs. Mos. Days	123 H.	rural, give location)	~		
5		SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6/5/1883		if Under 1 Year on the Days Hours Min.		
	kdone during most of working life, even if retired)	Manine	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY		
1.	B. PATHER'S NAME	Manage	14. MOTHER'S MAIDEN N.	AME			
		Logan	Un K	nown			
1	. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL	17. INFORMANT ADDRESS				
(1	(If yes, give war or dates of ser	215-12-0885	Wildred Lago	u 123 H. S	Bont I.		
	18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Arterioreleastic						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
Z	ANTECEDENT CAUSES (B) Heart Disease						
ATION	UNDERLYING CONDITION LAST.						
FIC.							
ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CE	19A. DATE OF OPERATION 19B. M	20. AUTOPSY?					
1	no	YES NO					
EDIC/	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or obout home, farm, factory, atreet, office bidg., etc.) 21c. WHERE DID INJURY OCCUR?						
Σ	210. TIME (Month) (Day) (Year) (Hed) OF INJURY	WHILE AT NOT WHILE	21F, HOW DID INJURY	OCCUR?	,		
	22. I certify that I took charge of the remains described above, held an inguing + Inspectionen and from						
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).						
	Tranco A. Jo	amiszeski M.	23B. CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	EXAMINER	2-7-53		
Z- Ti	Durial 248. DATE Durial 2/10/2	24C. NAME OF CEMETER		OCATION (City, town	or county) (State)		
	ATE RECEIVED BY REGISTRAR'S SIG		25. FUNERAL DIRECTOR	1 Sak/0 1	ADDRESS		
=	FEB 9-1053 Thurs J.	L P 13 M / K	12 OOK MC 121	7 St. Fan.	K ST V		
IV	S 151	583 3	5		100		



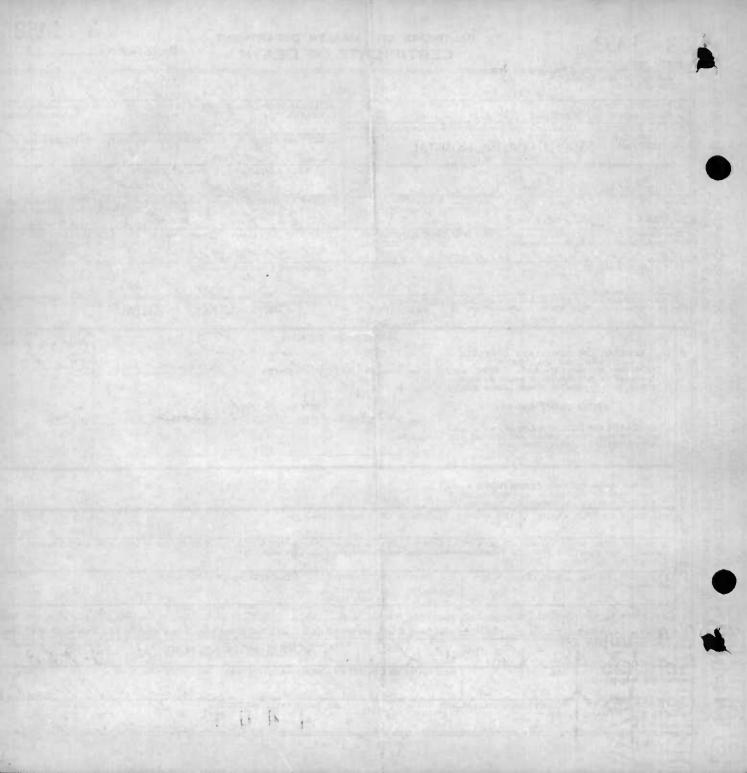
7 1	1	7_00				The state of the s	
)	5	3 1450	BALTIMORE CITY HE	EALTH DEPARTMENT	Registered N	1450	
	BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered N	0. 1.300	
	1.	NAME OF DECEASED		7	2. DATE	A	
	(T	ype or Print)	su 131	sal.	OF DEATH TEL	6 195	
		PLACE OF DEATH: Baltimore City, Maryland	1 2 2	4 USUAL RESIDENCE	(Where deceased lived, If	institution : residence	
4	В.	FULL NAME OF (If not in hospital r ins	stitution, give street address or	1 STATE MG	B. COOM !	before a mission	
		OSPITAL OR //	location)	C. CITY OR TOWN	If outside corporate fimit	write RURAL and giv	
5	JOHNS HOPKINS HOSPITAL			19a	tunoi	e 15 ownship	
CIS	13		Yrs, Mos,	D. STREET ADDRESS (If rural, give location)	n' (i.	
l le	C.	Length of stay in Baltimore SEX 6.COLOR AR RACE 7.SII	Days	3709	ures	lea we	
and and	Z		DOWED, DY ORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mo:	Under 1 Year If Under 24 Hours ntlis Days Hours Min	
l _V	10	A. USUAL OCCUPATION (Give kind of 108.	KIND OF BUSINESS OR	11'. BIRTHPLACE (State or	foreign over the	10 6171750 05	
earl	work	done during most of working life, even if retired)	INDUSTRY	The Birthin EACE (Balle of	Topical country)	12. CITIZEN OF WHAT COUNTRY	
h cl	18	EATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
death	4	-1 -1 19		0_	1/1		
of d	15	WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL	17. INFORMANT	a yu	DORESS	
	(Yes	s, no or unknown) (If yes, give war or dates of services)	SECURITY NO.		KINS HOSPITAL	DURESS	
causes		18. 1120.10md 1814	CAUSE	OF DEATH		INTERVAL BETWEEN	
		DISEASE OR CONDITION DIRECT				ONSET AND DEAT	
the		(This does not mean the mode of dying	e.g., (A) ante	roi myocard	cal deface	ten 2 days	
write		heart failure, asthenia, etc. It means the d injury or complication which caused	death.) DUE TO				
		ANTECEDENT CAUSES					
please	Z	DISEASES OR CONDITIONS, IF ANY,	(B) C010	mary throm	Proces	*******	
ple	5 10 10	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	G THE DUE TO			L'annie	
ns:	FICA	ONDERENING CONDITION EAST.	(C)	***************************************		*******	
Physicians:	E	11				HANCO PRINCIPLE AND PARTIES.	
ysi	ERTI	· RP					
H	Ü	TRIBUTING TO THE DEATH, BUT NOT RE	NG IT.	ona of ure	ary Bladde		
ند	AL	19a. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		YES NO	
important.	U		. PLACE OF INJURY (a. g., in		(If in Baltimore City, g		
por	EDI	LYING OR CONTRIBUTING about CAUSE OF DEATH	home, farm, factory, street, office bldg., o	otc.) INJURY OCCUR?			
	Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?		
cially		OF INJURY	m. WHILE AT NOT WHILE				
ecia		22. I hereby certify that I attended		30- 1953to	2 -6 -, 195	Ahat I last saw th	
spe		deceased alive on 2 - 6 195	the causes and on the	e date stated above			
		23A. SIGNATURE		38. ADDRESS HOPK	NS HOSPITAL	23c. DATE SIGNED	
age		Harold M.	Jaker M. D.			2-6-53 or county) (State)	
	24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)						
correct		ATE RECEIVED BY REGISTRAR'S SIGN	London	25. FUNERAL DIRECTOR	Dalto.	ADDRESS	
cor		ATE RECEIVED BY REGISTRAR'S SIGN	1	1	(nin 0x D	ul J.	
	=		1 2000 11 T	Win Cook Inc.	all or. Ja	ul V.	
		VS 150					



5	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1451						
	BIRTH NO. 11-2/122						
	Type or Print)	RO	DIAND N	TOK KORDITLAK		2. DATE OF FOR	rusry 6, 1953
		City, Maryland			ASTATE	DEATH FOR DE (Where deceased lived, If B. COUNTY	
	NSTITUTION	2404 Banger		ion, give street address or location)	c. CITY OR TOWN Raltimore	(If outside corporate limi	ts, write RURAL and give township)
	. Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location) Street	
	male	6 COLOR OR RACE	WIDOW	E, MARRIED. PED, DIVORCED (Specify)	Sept. 15. 19	last birthday) M	h Under 1 Year on this Days Hours Min.
	OA. USUAL OG	CCUPATION (Give kind of t of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S				14. MOTHER'S MAID		
	IS WAS DECEAS	Nick Kordu		1	Eleanor Hohi	1	
0	fes, no or unknown	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Nick Kordula	c, 240% Panger S	otreet
MULTATION	heart fail injury on	es not mean the mode of wore, asthenia, etc. It means to complication which of any and a complication which of any and a complication which of any and a complication of any and a complication of a complication	ans the disease aused death SES F ANY, GIVING THE	e, DUE TO (B) deter	enteritis,		
1000	TRIBUTIN TO THE	SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	NOT RELATI	D Bilatorn	otitis me	dia	7 Adys
0	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	
	21d. TIME OF INJURY	(Month) (Day) (Year)	`	21E. INJURY OCCURR WHILE AT WORK AT WORK		JURY OCCUR?	
Jan	deceased of	alive on 2-5-53	tended the		rred at 12:30 m., fr	o 2-6-53 , 19 om the causes and on t	
	23A. SIGNA	har Raen	smi		206 S. Gilm	st.	2-6-53
1	24A. BURIAL, TION, REMOVAL (buria.	CREMA- 24B. DATE Specify)		IT. S. Nations		Ab. LOCATION (City, town	or county) (State) Maryland
	DATE RECEIVE		SSIGNATU	G GANY G	VIII CORP	1217 St. Pai	ADDRESS
-	VS 150	0			1 0 0		

in the second

e de la companya de l	3	3 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	BALTIMORE CITY HE CERTIFICATE		Registered No.	3 1452
ed. T	(T	NAME OF DECEASED Type or Print)	n Dobso	n	DEATHER . 9-	-1/5-3
lly supplied.	A. B.	Baltimore City, Maryland FULL NAME OF (If not in hospital or OSPITAL OR	institution, give street address or	A. STATE W	B. COUNTY Jallet	before admission
IIIy		STITUTION JOHNS HOPKIN	S HOSPITAL	Cordova	outside corporate limits, w	vrite RURAL and giv township
e ca	9	Length of stay in Baltimore	/ ms. Mos. Days	Chapel	rural, give/ocation)	_
should be	le	male Colored	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	1/-25-12	last birthday) Month	er i Year Ins. Days Hours Min.
ion shou	worl	A. USUAL OCCUPATION (Givekind of k done during most of working life, even if rotired) ACTORY FATHER'S NAME	RIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	ND	WHAT COUNTRY
NDING information s of death clea		WILLIAM DO	BSON	BOS ETTI	n MADD	EN
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR s, no or unknown) (If yes, give war or dates of see	RCES? 16. SOCIAL SECURITY NO.	17. INFORMATION HOPK	INS HOSPITAL ADD	RESS
FOR y item		DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the injury or complication which caused	ing, e.g., (A)	cistin Ga	econonia.	Sed.
RESERVED INK. Ever please write	z	ANTECEDENT CAUSES	(B) 2/g	utic also	cs.	Yners .
IN REING IN	CATIO	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	Y, GIVING FING THE DUE TO (C)			
MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE CEATH, BUT NOT TO THE DISEASE OR CONCITION CAU	RELATEO			
htt.	AL C		MAJOR FINDINGS OF OPER			20. AUTOPSY?
Y, WITH	MEDIC		1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
PLA cially in	4	210. TIME (Month) (Day) (Year) (Hou OF INJURY	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
E PI specii			and that death occur	2 - 20, 1952, to 2- red at 8:40 m., from th		
E Wi		23A. SIGNATURE	- bleek M.O.		S HOSPITAL	23c. DATE SIGNED 2-9-5-3 county) (State)
PLEASE correct ag	_	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	3 Charle	Centera (CATION (City, town, or	O. Maryla
PL		ATE RECEIVED BY REGISTRAR'S SI	F gran if fits the	25. FUNERAL DIRECTOR	and s	Coston
		VS 150	690	40		



426				
53 1453 BIRTH NO.		EALTH DEPARTMENT E OF DEATH	Registered No.	1453
AME OF DECEASED	FRED. P. WAL	KER.	2. DATE OF DEATH	1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WE		titution: residence before admission
HOSPITAL OR INSTITUTION	tal or institution, give street address or location		utside corporate limita w	wite RURAL and gi
c. Length of stay in Baltimore	Yrs. Mos.	1 1 0	RSESS F	DUE
5. SEX 6. COLOR OR RACE	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH		er l Year If Under 24 Hours Mir
10A. USUAL OCCUPATION (Give kind o work abneduring most of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	ALKER.	14. MOTHER'S MAIDEN NAI		T
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or dat	D FORCES? 16. SOCIAL	17. INFORMANT		RESS V
18. 082 X	CAUSE	OF DEATH	WALKER-	INTERVAL BETWEE
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	Meningo energ	Holitis	Dee 28, 195
injury or complication which ANTECEDENT CAU	caused death.) DUE TO	rencleson gene	alried	7
O DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	(B)	, ,		
O DINDERLYING CONDITION E	(C)			
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY7
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		in Baltimore City, give	
21D. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURE		OCCUR?	
22 I homohu aantifu that I at	m. WORK AT WORK		b. 9 1013	hat I last saw th
deceased alive program g	tended the deceased from 4	rred at 4:301m., from the	e causes and on the	date stated abov
23A. SIGNATURE ILLES	м. р.	23B. ADDRESS THOugh	1 Rd	2/9/50
24A. BURIAL, CREMA- TLOTS, REMOVAL (Specify) 130 RIAL 2-11	-53 PARK NOO	ERY OR CREMATORY 240. LO	CATION (City, town, or LORA UE	BALTO, MC
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	S SIGNATURE	25 FUNERAL DIRECTOR	J. Blins	DDRESS
VS 150	0	2224	06009	Harfordk

MARGIN RESERVED FOR BINDING

19527H-1P

BIRTH NO

=	-	
BIN	of	a de de
OR	item	2000
1	ery i	44
3VEI	EVE	4 . manua
RESEI	INK.	Jana
I	ING	-
MARGIN RESERVED FOR BINI	UNFAL	Dhynnian
	NLY, WITH UNFADING INK. Every item of in	meter met
	MLY,	- munit

RTIFICATION

ш

ō

age

PLEASE

3 1454 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARY HOUCK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY Maryland 'f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 3461 Hickory Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3461 Hickory Avenue Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 9/8/1879 White 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Baltimore, Maryland Own home 14. MOTHER'S MAIDEN NAME Ellen Rattry 16. SOCIAL 17. INFORMANT ADDRESS (If you, give war or dates of service) SECURITY NO Geo. A. Bailey-1621 E. Preston St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Arteriosclerotic cardiovascular disease LEADING TO DEATH

c. Length of stay in Baltimore 5. SEX Female 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIIE 13. FATHER'S NAME Henry Bailey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 22.1 DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT NO K YES. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes K, accident , suicide , homicide , undetermined .

23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

St. Peters Cemetery

DATE RECEIVED BY LOCAL REGISTRAR

burial

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

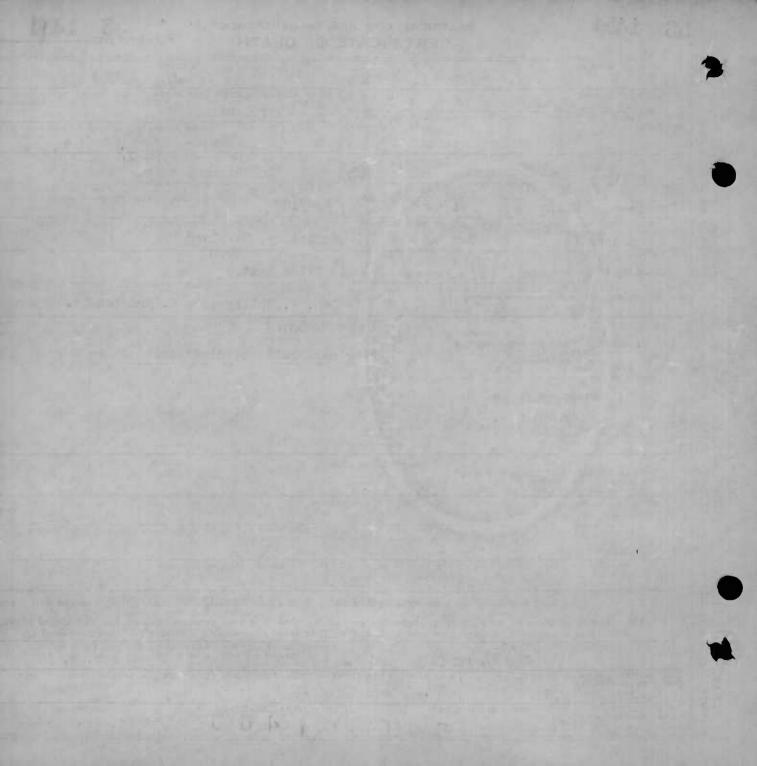
Feb. 8, 1953

'arvl nd

unting or 151

Paul

Raltimore



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1455)
Registered No	T-WCEC	,
tegistered No		_

E-	607	3 1455	BALTIMORE CITY HE		Registered No.	1455
E E		RTH NO.	OEITTI TOTTI	2 OF BEATT		
ed.	(T	ype or Print) Chan	les E. Ey	len	OF DEATH 2/6/	53
ully supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	stitution, give street address or	4. USUAL RESIDENCE (Wh	ere deceased lived. If first	titution : residence before admission
lly sı	H	FULL NAME OF (If not in hospital or in OSPITAL OR ISTITUTION	location)	C. CITY OR TOWN (If or	utside corporate limits,	mite RURAL and give
n'A	0	13 22 01 84	Y'ELA KA	D. STREET ADDRESS (If ru	ral, give location)	200
l lee		Length of stay in Baltimore SEX 6.COLOR OR RACE 7. St	Mos. Days	1522 Shep	girld 1	Q.
should be	2		IDOWED, DIVORGED (Specify)	5/9/1867	9 AGE (In years I und last birthday) Month	of 1 Year II Under 24 Hours B Days Hours Min.
	1C worl	A. USUAL OCCUPATION (Give kind of the dome during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHRLACE (State or fore	eign country) 12	CITIZEN OF WHAT COUNTRY
0	13	B. FATHER'S NAME	arming	14. MOTHER'S MAIDEN NAM	1E 0, 401.	
NG rmati death		Ephraim Cy.	len	Sarah	Walts	
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U.S. ARMED 50RC s, no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Shelki'2 6	RESS RESS
~ =		18. 151%	CAUSE	OF DEATH	11	INTERVAL BETWEEN
FOR y item the cau		DISEASE OR CONDITION DIRECT	TLY	Went Timi		18
_ 27		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease,	, curpuna	والما	1 row
RESERVED INK. Evel please write		injury or complication which caused	death.) DUE TO	A .	00.	,
RESEINK.	Z	ANTECEDENT CAUSES	(B)	Corcuma	Howar	130
G INK	TI SI	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.				0
NIN IN Ins:	ICA		(C)			
MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	ELATED			
	U,	19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER			20. AUTOPSY?
WITH rtant.	AL					YES NO X
LY, WITI	MEDIC		 PLACE OF INJURY (e. g., in bome, farm, factory, street, office bldg., e 		in Baltlmore City, give	exact location)
Ni in	~	21D. TIME (Month) (Day) (Year) (Hour OF INJURY		ED 21F. HOW DID INJURY	OCCUR?	
Lial			m. WORK AT WORK	7	-6 13	
TE PL especia		deceased alive on 1930 195	the deceased from	red at 9 pm from the	causes and on the	hat I last saw th
		23A. SIGNATURE 10 . 9 7		3B ADDRESS A O -		3c. DATE SIGNED
E 28	2	4A. BURIAL, GREMA- 24B. DATE	24C. NAME OF CEMETE	2025 BELLEW	CATION (City, town, or	2-7 3 county) (State)
PLEASE correct ag	TH	Burial 2/10/5	2 Wonds	boro	md.	(23300)
LE		ATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	A	DDRESS
H 2		FFRIDON Tunting	and intransport	1 - OH BIC1/21	7 St. Paul	T

lly supplied.

UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and lega-

Z PLA. Y, WITH specially important.

PLEASE WI

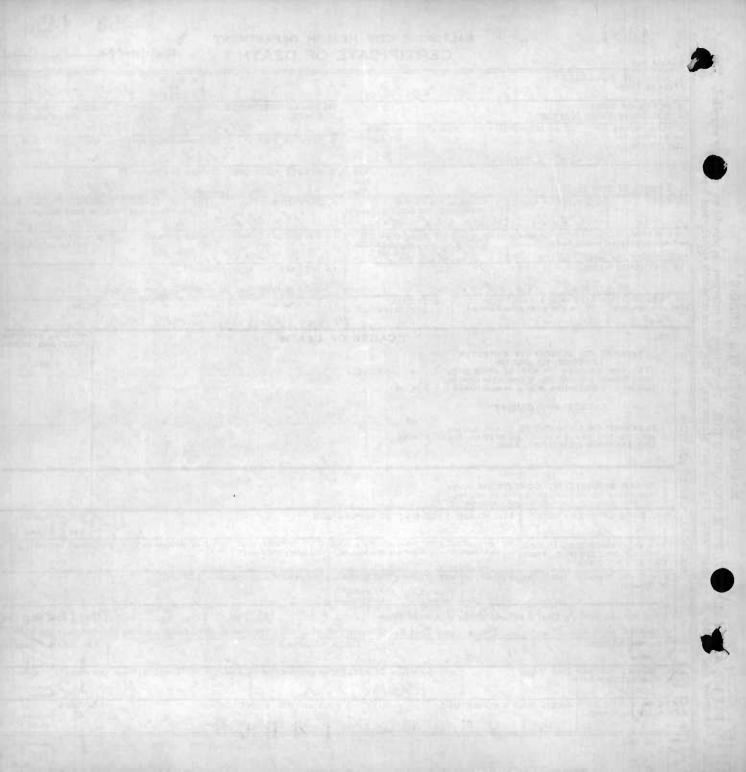
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

5	3	1	4	5	6

B	IRTH NO.	8-28-		CERTIFICAT	E OF DEAT	H Registe	red No
7	NAME OF D	ECEASED				2. DATE	
(1	Type or Print)		+ B.	Roulsto	u	OF DEATH	eb. 7, 1953
	. PLACE OF D . Baltimore (EATH: City, Maryland					red. If institution: residence FY before admission)
	FULL NAME	OF (If not in hospit	al or institutio	on, give street address or location)		ma.	
	NOITUTION	2 01 0	+	7)	c. CITY OR TOWN	R 14	e limits, write RURAL and give
-	31	3 St. Du	us/an	Yrs.	D. STREET ADDRI	ESS (If rural, give location	for 1 the former
_		tay in Baltimore		Mos. Days	3/3 8	+. Quastans	Rd.
5.	SEX	6. COLOR OR RACE		MARRIED. D.DIVORCED (Specify)	8. DATE OF BIRTH		ars If Under 1 Year If Under 24 Hours y) Months Days Hours Min.
1	Kale	Whitz	mar	ried	116/18	77 75	
10	NA. USUAL OC	CUPATION (Give kind of of working life even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
20	LEWERO	416 Canquage	0 -1.	veralty	Be	elto. Md.	WHAT COUNTRY
12	FATHER'S	IAME			14. MOTHER'S MA	IDEN NAME	
	R	Bent Ron	elsto	M	Margar	ct meds	211
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
,	Ho	(400) B0 1121 01 0210	or sorvice)	SECURITY NO.	Klove H R	rulatore 313 3	+ Dundans Rd
	18. 157	X .		CAUSE	OF DEATH	7,10,00	INTERVAL BETWEEN
	DISEAS	E OR CONDITION			. //		ONSET AND DEATH
	(This does	not mean the mode of	f dying, e.g.,		noma /c	ucreas	iyr.
	heart failu	re, asthenia, etc. It mea complication which c	ns the discase.			*****	
		ANTECEDENT CAUS				2	
z		ANTECEDENT CAUS	ES	(B) (1657	western 15	enel	3 days.
0	DISEASES	OR CONDITIONS, II	ANY, GIVING	DUE TO	***************************************	***************************************	
AT	UNDERLY	ING CONDITION LA	ST.	(C)			
FIC				(0)	***************************************		***************************************
ERTIFICATION	OTHER 6	II IGNIFICANT CONDI	TIONS SON				
F	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL	July	16,1952	Carcia	/	ancreas		YES NO F
		ENT WAS UNDER-		E OF INJURY (e.g., in			City, give exact location)
MEDI	LYING OF	CONTRIBUTING DEATH	about home, far	m, factory, street, office bldg., e	to.) INJURY OCCU	R7	
2	21D. TIME (Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY			HILE AT NOT WHILE			
	22 / /			77	25 100	V. Tesh 7	-A-7.
				leceased from Aug			1953, that I last saw the
	23A. SIGNAT	URE /	, 19e, a		3B. ADDRESS	from the causes and	on the date stated above.
	Pas	101110	ousa	M.D.	5111 YOUK	Rd.	2/9/53
	4A BURIAL, C		24	4c. NAME OF CEMETE	RY OR GREMATORY	240 LOCATION (City,	town, or county) (State)
110	Burial		53	Druid	Ridge	Pikesvil-	le md.
D	ATE RECEIVE		SSIGNATUR	E ,	25. FUNERAL DIR		ADDRESS

VS 150

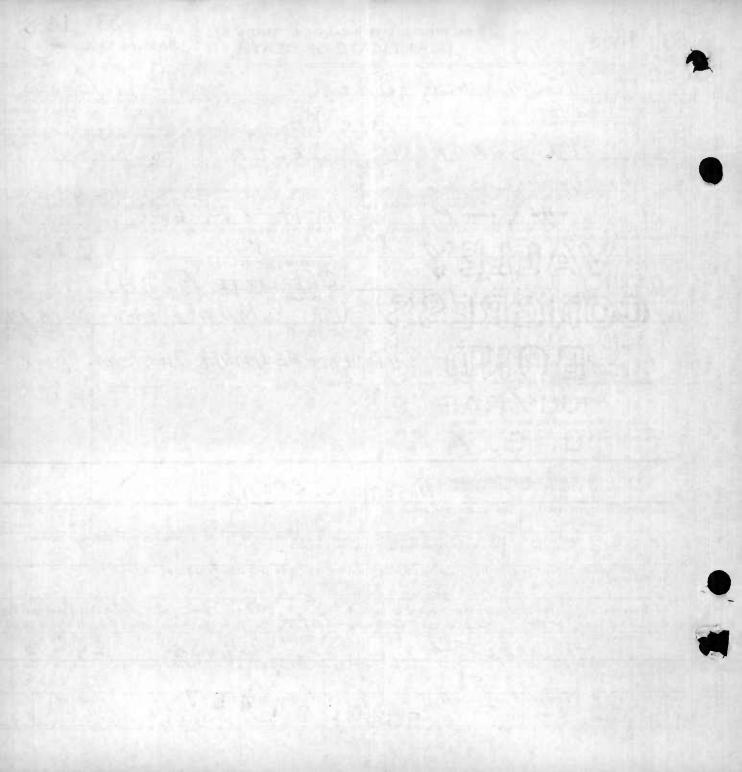


PLEASE Wi

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

53 Registered No. 1457

В	IRTH NO.	HIFICATE	OF DEATH	2003.000.00	
1.	NAME OF DECEASED Type or Print) Florence	a. S1	484	2. DATE 2/8	/53
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If in	nstitution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give OSPITAL OR ISTITUTION	1A:\	c. CITY OR TOWN (I	f outside corporate limits,	write RURAL and give
-	3320 Hillon J.	Yrs.	D. STREET ADDRESS (If	rural, give location)	5-00
c.	Length of stay in Baltimore	Mos. Days	1525 M	. Broudu	ray
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIV		2/10/18 4	9. AGE (In years last birthday) Mon	the Days Hours Min.
MOL	DA. USUAL OCCUPATION (Give kind of k done during meet of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Charles E. Stern		14. MOTHER'S MAIDEN N	a Jones	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	CURITY NO.	WM N. Swith	3429 Ch207	nut aur
	18. 334X	CAUSE O	F DEATH		INTERVAL BETWEEN DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A) My	radid me	offing	1 bout
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	B) Cer	elsed & ges	ruclized	
CATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUI UNDERLYING CONDITION LAST.	c) art	terior Eleva	ris.	53m
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		nm		
	19a. DATE OF OPERATION 19B. MAJOR FINDIN	IGS OF OPERA	TION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factor; CAUSE OF DEATH	NJURY (e. g., in o ,,street,office bldg., etc.	or 21C. WHERE DID (If in Baltimore City, gi	ve exact location)
	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJ WHILE AT WORK	NOT WHILE	21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I attended the decease deceased alive on Fee. 6, 193, and that		6 , 1944, to F. ed at 3 P m., from	the causes and on the	that I last saw the date stated above.
	23A. SIGNATURE	M. D.	3429 CL	esstrant/m.	2/9/52.
7	Suria (2/10/53	Gran &	Wount 24d. L	Balto	red.
	ATE RECEIVED BY COLOR REGISTRAR'S SIGNATURE	3000	5. FUNERAL DIRECTOR	1217 St. F	address



	su	
	lly	
	D	4
-		
	e	le
	d b	and
	lno	N
	sh	ear
	ion	ट
	ati	ath
S _N	orn	de
IOI	inf	of
311	of	ses
2	m	can
F]	ite	he
	ery	e ti
VE	EV	rit
ER	. :	e M
MARGIN RESERVED FOR BINDING	NK	eas
2	I	d
Z	ĕ	ns:
RG	AD	cia
MA	(F)	ysi
	5	Ph
	H	ثب
	717	tan
		DOL
	3	E .
		Ŋ
	L	cia
	8	spe
	H	e
	K	e
	PLEASE WATE PLACE, Y, WITH UNFADING INK. Every item of information should be of ully su	ag
	AS	ect
	LE	DIL
	P	0

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53

	CERTIFICATE OF	F DEATH Registered No.
= -	ERTIFICATE OF CERTIFICATE OF CERTIFI	2. DATE OF Tele- 6, 1953 DEATH Tele- 6, 1953 SUAL RESIDENCE (Where deceased lived, If institution: residence
	18. 450.0 CAUSE OF D DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	ADDRESS able tragies 7/9/school of Interval Between onset and Death onset and Death of Tario School of Tario
[DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESATE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	tic Proumeria
. a CidLar	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH	1c. WHERE DID (If in Baltimore City, give exact location) 1F. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from deceased alive on 1933, and that death occurred at 23A. SIGNATURE 23B. ALL 23B. ALL 23B. ALL 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR TION, REMOVAL (Specify) 2 -10-53	crematory 24D. LOCATION (City, town, or county) (State)

VS 150

1	3	100
1	57	1460
C)	00	I. W.C. C
E	BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

53	1450

	IRTH NO.			CERTIFICAT	E OF DEATH	Regis	tered No.		
1.	NAME OF D	ECEASED Laura Ed	er			2. DATE OF	Feb.7/5	3	
A. B.	PLACE OF D Baltimore (FULL NAME OSPITAL OR	City, Maryland 12	O N. Have	n, give street address o		CE (Where deceased s. COU	lived. If inst	itution : residence before adr	mission)
1 1	NSTITUTION				Balto. Md.	(If outside corpora	0-4	rite RURAL a	and give wnship)
-		tay in Baltimore		60yrs Mos. Days	D. STREET ADDRES		tion)		
	Female	6.COLOR OR RACE White	7. SINGLE, WIDOWE Marr	MARRIED, D, DIVORCED (Specify	June 13,18	9. AGE (In) last birthe 84	lay) Months	l Year If Undo B Days Hour	s Min.
10 wor	DA. USUAL OC	CUPATION (Give kied of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12.	CITIZEN O	
13	3. FATHER'S	NAME	Frank	Carlisle	14. MOTHER'S MAIL	DEN NAME			
15 (Ye	5. WAS DECEASION, no or unknowo)	ED EVER IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Florence	E.Northoutt	,810 Wi	RESS	22
	DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) Chullar du Suffrieure) DUE TO Chullar Hypert Topky (B)				ey 7	LOYM			
RTIFICATION	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE		teno 5 ch	Hous			
CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED								
	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION				YES YES	PSY?			
	V 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING Obout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				n)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK									
	22. I hereby certify that I attended the deceased from 1938, 19, to Fit 7, 195, that I last saw the deceased alive on 1, 1951, and that death occurred at 1:55 cm., from the causes and on the date stated above.								
	23A. SYGNA	TURE OF	Your		238. ADDRESS	tan I love		3c. DATE SI	
2. TI	4A. BURIAL, S ON, REMOVAL (S Burial	CREMA- 248. DATE Specify) Feb.11	/53	Oak Lawn Co		24b. LOCATION (Cit	y, town, or c		(State)
	ATE RECEIVE		SSIGNATUR	F, C	25 FUNERAL DIREC		AL	rleans	St.3

very military in estimate in the ferrom soft and a SWA TWALL ST

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH RAYMOND THOMPSON February 6. supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN HOSPITAL OR (If outside corporate limits, with RURAL and give INSTITUTION Baltimore Provident Hospital D. STREET ADDRESS (If rural, give location) legibly. Yrs. Mos. 1650 Delano Court c. Length of stay in Baltimore Days 8. DATE OF BIRTH AGE (In years | M Under | Year | M Under 24 Hours last birthday) | Months: Days | Hours | Min. If Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 39 Male Colored MARRIED should 12/25/ 1013 9 108. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) clearly WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY BALTIMORE STEEL STEET. WORKER information s s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ABRAHAM THOMPSON BERTHA BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. (Yes, no or unknown) NO NO 3-01-1382 GERALDINE E. THOMPSON DET. ANO em of in 18. CAUSE OF DEATH ONSET AND DEATH DISTASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying. e.g., Pulmonary embolus (A) heart failure, asthenia, etc. It means the disease, RESERVED Thrombophlebitis of right femoral vein injury or complication which caused death.) DIJECTIN ANTECEDENT CAUSES Multiple stab wounds r INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUEXTO UNDERLYING CONDITION LAST. Peritonitis UNFADING Physicians: p (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL important. 21A. EXTERNAL CAUSE WAS
UNDERLYING M OR CONTRIBUTING L CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) 1600 block of Laurens Street Street 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Stabbed with sharp instrument during January 24. especially AT WORK altercation Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined 13 23B. CHIEF MEDICAL EXAMINER PLEASE W. ASSISTANT MEDICAL EXAMINER February 6. MEDICAL INVESTIGATOR 24A. BURIAL CREMA-TION, REMOVAL (Specify) 240 AME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) BURTAL MEM'I. BALTO DATE RECEIVED BY 25. FUNERAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR ER 512 CARROLLTON uniong or 869,00

BIRTH NO (Type or Print) supplied.

plnods

causes jo

BINDING

RESERVED

SE

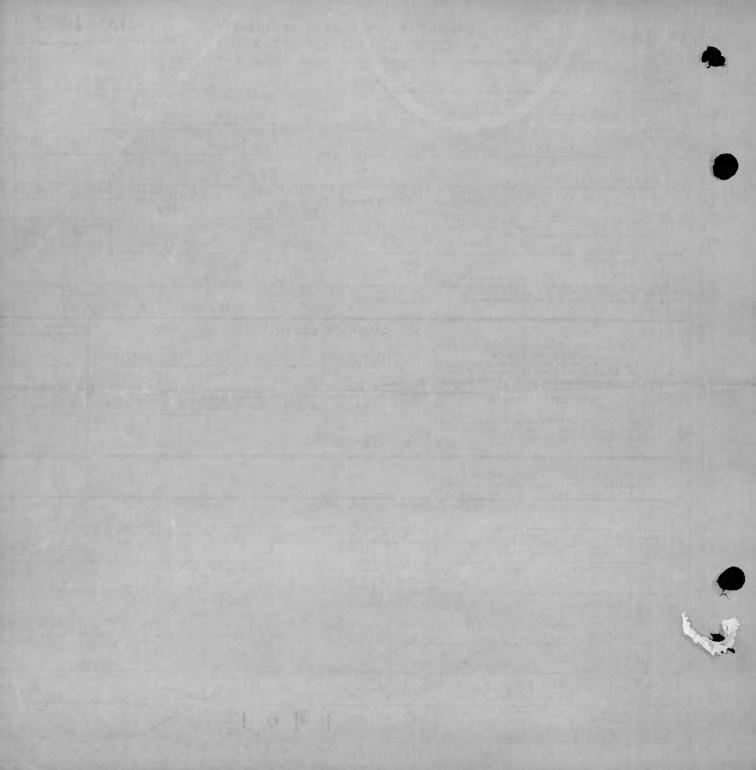
PLEA

VS 151

BALTIMORE CITY HEALTH DEPARTMENT

1462

Registered No .-CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED OF DEATH February 8, 1953 ARTHUR GRAHAM 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore o. STREET ADDRESS (If rural, give location) legibly. Yrs. 65 Melvin Drive Mos. c. Length of stay in Baltimore Days 9. AGE (In years | f Under I Year | f Under 24 Hours | Months Days | Hours Min. 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Colored Male BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF clearly GeneINDUSTR work done during most of working life, even if retired) information s Lakour 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME www. Cuon 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND GEATH E OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the tail of the pancreas (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PUE TOY ANTECEDENT CAUSES Metastases to abdominal lymph nodes FICATION DISEASES OR CONDITIONS, IF ANY, GIVING and liver RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Emaciation UNFADING Physicians: 1 ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X important. DICA 218. PLACE OF INJURY (e. g., in m 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-INJURY OCCUR? about hume, farm, factory, street, uffice bldg., etc.) UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE s especially WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses X, accident \(\), suicide \(\), homicide \(\), undetermined \(\). WE. 23B. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR a BURIAL, CREMA-248. DATE C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUMERAL DIRECTOR LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) IDWARD FLAYHART OF y supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township' Polk Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) cal Mos. Polk Avenue c. Length of stay in Baltimore Days should be learly and le 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours Min. male widowed June 17. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information of death cle Retired Ice Mar timore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles May Flayhart Mary Curry 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 7-32-7 item c INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: pl UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION A 1 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH important, EDICA 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from that I last saw the , and that death occurred at. Am., from the causes and on the date stated above. deceased alive on 195 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 2AB. DATE 245. LOCATION (City, town, or county) Baltimorem Maryland Burlal Parkwood Cemerer DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Harford Road. Ruck

VS 150

5305

Dr. Kinzey 2700 Harford Road Be 4541 1-4

VALUE OF THE REAL PROPERTY.

before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

township

Dr. Barnaby 1531 E. North Ave.

53 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN W. GREEN y supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3315 Shannon Drive Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Shannon 3315 Dri ve c. Length of stay in Baltimore Days should be 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE It Under 1 Year 9. AGE (in years) If Under 24 Hours last birthday) Months: Days Hours Min. male white married Nov. 28, 1888 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Self Food Emoloved Sea Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Green Lavina Marshall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Elsie M. Green. 3315 Shannon INTERVAL BETWEEN Every item 18. CAUSE OF DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADIN (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 192 that I last saw the 19.23 and that death occurred at 2.3 A.v., from the causes and on the date stated above, deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE Oak Lawn Cematery Balti ore, Marvland Buria. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIR LOCAL REGISTRAR Les Jois nard 5305 Harford Road Ruck VS 150

Dr. Andorson Mannasola & Endman

1	/ 53	4	466
T	BIRTH 1. NAM (Type or	E OF	DECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1466
egistered No	180111

SED 2. DATE ROBERT 0. WOLF OF Feb. 9 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) A STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 3520 Hilton Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3103 Lawnview Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | fi Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. 5. SEX Aug. 17, 1867 male white widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Retired City Health Department Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wolf George Agnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Margaret Mc Cusker. Lawnview NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from_ 19 that I last saw the deceased alive on_ 1923 and that death occurred at_ _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) New Cathedral Burial Cem Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE

Ruck

5305 Harford Road

VS 150

LOCAL REGISTRAR

Dr. Fearing

2025

Belair Road

Ily supplied.

UNFADING INK. Every item of information should be call Physicians: please write the causes of death clearly and legi

PLA, Y, WITH specially important.

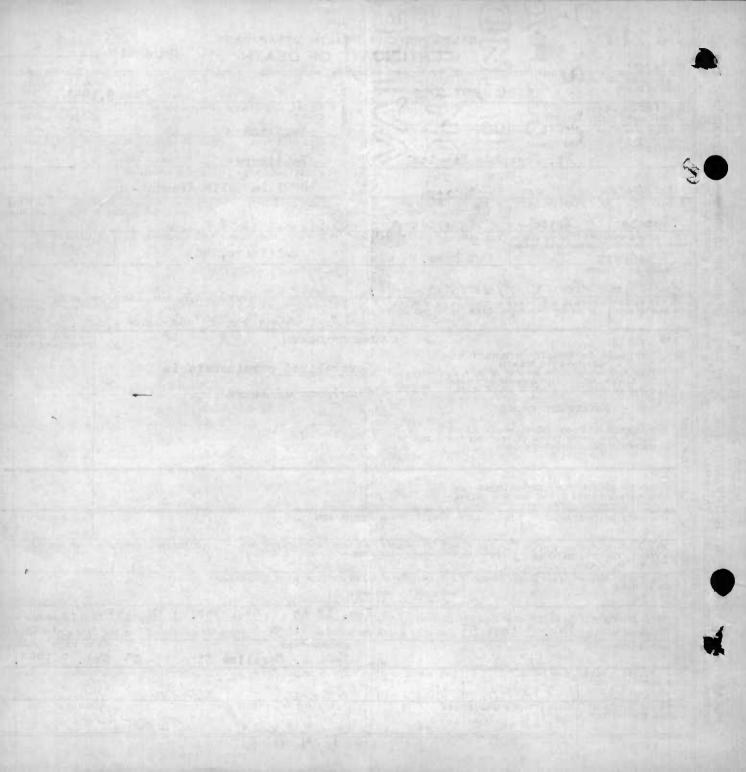
PLEASE W.

MARGIN RESERVED FOR BINDING

52 AADIY

1	30 3.7	70°1.C.3° 07		HEALTH DEPARTMENT		130/
B	IRTH NO.		CERTIFICA	TE OF DEATH	Registered No	
	NAME OF D	ECEASED			2. DATE	
(1	Type or Print)	REGI	INA MARY GOSS		DEATH Feb. 9	1953
3	PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission
В.	FULL NAME		tal or institution, give street address		*	
H II	STITUTION		location	c. CITY OR TOWN	If outside corporate limits,	write RURAL and gi
11		St. Jose	eph's Hospital	Baltimore	who (D =	O / www.smi
			Yr		f rural, give location)	-
C.	Length of s	tay in Baltimore	1.1fa Da		le Avenue - 6	
5	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years Un	nder 1 Year If Under 24 Hou ths: Days Hours: Mir
	Female	White	Married	Sept. 25-1890	62	ans Days Hours Mil
10	A. USUAL OC	CUPATION (Givekinder	I TOP KIND OF BUSINESS OF	11. BIRTHPLACE (State or		2. CITIZEN OF
Wor	Housewo	of working life, even if retired)	Own home.	Baltimore,	Md.	WHAT COUNTRY
13	B. FATHER'S		own nome.	14. MOTHER'S MAIDEN N		
1 0	leorge	ANDN	Muelles	Marie		
15	1	ED EVER IN U. S. ARME	D FORCES? 16. SOCIAL	17. INFORMANT		1127
(Ye	s, no or nnknown)	(If yes, give war or date	os of service) SECURITY NO		C. Goss -	DRESS Haz
-	1				C. 0000 - /	LA SAIIC
	18. 16.2	X 1	CAUS	E OF DEATH		ONSET AND DEAT
	DISEAS	SE OR CONDITION LEADING TO DEA	TU			
	(This does	not mean the mode ore, asthenia, etc. It mes	of dving, e.g., (A)	eneralized carcinor	natosis	
	injury or	complication which	caused death.) OUE TO Ca	arcinoma of lungs		
	HE SECTION	ANTECEDENT CAUS		01 14180		
Z	-		(B)			
12	RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A)	STATING THE DUE TO			
{	UNDERLY	TING CONDITION LA	AST. (C)			
10						
RTIFICATION	OTUED 6	II SIGNIFICANT COND	TIONS			
ILL	TRIBUTING	TO THE OEATH, BUT	NOT RELATED			
U		F OPERATION	N CAUSING IT198. MAJOR FINDINGS OF OF	EDATION		20. AUTOPSY?
1	ISA. DATE C	OF OPERATION O	ISB. MAJOR FINDINGS OF OF	ERATION		YES NO
DICAL	21A ACCIE	ENT WAS UNDER-	218. PLACE OF INJURY (e.	g., in or 21C, WHERE DID	(If in Baltimore City, giv	
ED	LYING O	R CONTRIBUTING [about home, farm, factory, street, office ble			,
Σ	CAUSE OF	(Month) (Day) (Year	(Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJUF	PV OCCUP?	
	OF INJURY	(month) (Day) (lear	WHILE AT NOT WH		T OCCORT	
			m. WORK AT WOR	₹К 🔲 📗		
			tended the deceased from Jr			
	deceased a	live on Feb. 9 t	th 19 53, and that death oe		the causes and on the	date stated abov
	23A, SIGNA	TURE C. 0.5	P	23B. ADDRESS		23c. DATE SIGNE
		Carlo).on	м. о.	1400 N. Careline	Street - 13 F	Teb. 9,1953.
	AA. BURIAL.	CREMA 248, DATE	24C. NAME OF CEME	TERY OR CREMATORY 240.	LOCATION (City, town, or	r county) (State
	Buria	212	53 Holy K	edeemer 1	PALTO K	10
	ATE RECEIVE		SSIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
	OCAL REGIST	Thursto	uglor Villances Al	1 Kuch	5305 K	ARFORD

VS 150



	U2
	N
	=
	60 6
	VE PLA Y, WITH UNFADING INK. Every item of information should be cally significant and leading the content of death clearly and leading the content of death clearly and leading the content of death clearly and leading the content of the content o
	ld
	rly
	S
	tion
t	ma
Ž	Or
2	inf
MARGIN RESERVED FOR BINDING	of
2	me
FO	it
D	ery
VE	EV
3R	. 0
SI	VK.
RE	E S
Z	N.G.
GI	DI
AR	A
M	Z
	D
	H.
	T.
	. 65
4	Z.
	A
	P
	国
	3
	A

Burial

DATE RECEIVED BY

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF TDA DRIESEN T. FEB. 8. 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNION MEMORIAL HOSPITAL Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1629 Montpelier Street c. Length of stay in Baltimore Days 9. AGE (in years | if Under 1 Year | If Under 24 Hours | Months; Days | Hours | Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH WIDOWED, DIVORCED (Specify) Mar. 9, 1883 female whi te married 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY New York City at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Nesbitt Rebecca 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go or anknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Simon M. Driesen. Montpelier INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 218. PLACE OF INJURY (c. g., in or 21c. WHERE DID about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK AT WORK 1953 to 8 -195 Sthat I last saw the 22. I hereby certify that I attended the deceased from deccased alive on 8 - 7el, 19 53 and that death occurred at 4.35 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238, ADDRESS 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 24B. DATE PLEASE

township)

1629

NO

Maryland

LOCAL REGISTRAR Ruck 5305 Harford Road N 1000 VS 150

"em

Park

Baltimore.

Moreland

REGISTRAR'S SIGNATURE

23A, SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Harmony

Cemetery 25. FUNERAL DIRECTOR

Ldonard OJ. Ruck

238. ADDRESS

Prince George

Co 5305 Harford Road

VS 150

PLEASE

24%, LOCATION (City, town, or county)

Marvlar

NO

before admission)

township)

B. 1.3 .50

information should be of death clearly and l

y item the cau

UNFADING Physicians: p

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH February 9, 1953 Bradfield. Martha C. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland
(if outside corporate limits, write KURAI+ and give C. CITY OR TOWN INSIDIUTIONX township) St. Joseph's Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 610 Bartlett Ave.

882 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours Min. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 1882 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) April 17, 1822 Widowed 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Maryland 13. FATHER'S NAME Own home 14. MOTHER'S MAIDEN NAME William E. Boulden Adeline Sponceler 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Alice L. Bradfield, 640 Bartlett Avenue INTERVAL BETWEEN 18. 4 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive heart failure (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RXXX ANTECEDENT CAUSES Bronchopmeumonia ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from February 5, 19 53 to February 9, 19 53 that I last saw the deceased alive on Feb. 9, 1953, and that death occurred at 7:50am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE M.D. 71.00 N. Carolino St. Feb 9 153
24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Parkville burial Moreland Park Ceretery Maryland

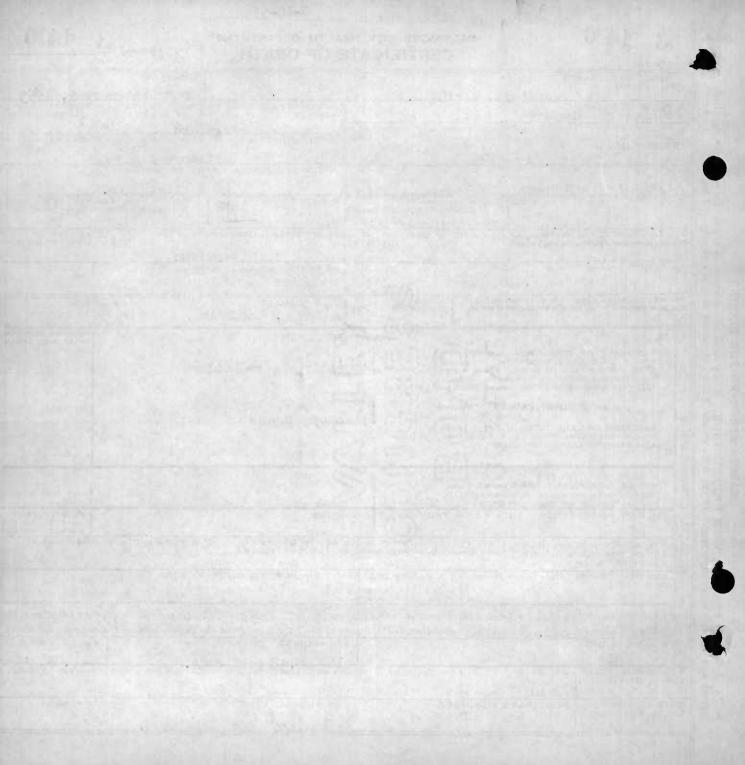
25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

0.	J	J.	-: 20 G -
Registered	No_		

-	٠	_	 r		_	

1. NAME OF DECEASED (Type or Print)

CATHERINE CUMMINGS

2. DATE

OF February 8.

3. PLACE OF DEATH:

4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE

DEATH

A. Baltimore City, Maryland B. FULL NAME OF

(If not in hospital or institution, give street address or location

Maryland C. CITY OR TOWN B. COUNTY before admission)

INSTITUTION 2327 N. Charles Street Baltimore

(If outside corporate limits, write RURAL and give

c. Length of stay in Baltimore

Yrs. Mos. Davs D. STREET ADDRESS (If rural, give location) 705 East 21st Street

GENERALIZED ARTERIOSCLEROSIS

5. SEX female

18.

6. COLOR OR RACE white

7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH

9. AGE (In years) H Under 1 Year last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country)

10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) housewife

108. KIND OF BUSINESS OR INDUSTRY own home

Baltimore. Maryland 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY?

township

13. FATHER'S NAME

Thomas Cooney

17. INFORMANT

Mary Neugent

ADDRESS Bradhurst Rd Mrs. Eunice R. Prenger. 832

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) (Yes, no or nuknown)

16. SOCIAL SECURITY NO.

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

CAUSE OF DEATH

NTERVAL BETWEEN

ONSET AND DEATH

mos

sev

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24B. DATE

malnutrition.

21c. WHERE DID

INJURY OCCUR?

sev

23c. DATE SIGNED

19A. DATE OF OPERATION

198 MAJOR FINDINGS OF OPERATION 21B. FLACE OF INJURY (e.g., in nr

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

about home, farm, factory, street, office hldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Jan 1952 Feb 8 1953 that I last saw the Pn., from the causes and on the date stated above. 6:30 deceased alive on Feb 8 __1953, and that death occurred at

254. SIGNATURE

2431 MARYLAND AVENUE 24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

23B, ADDRESS

2-9-53 24D. LOCATION (City, town, or county) Maryland Baltimore.

DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION REMOVAL (Specify)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS St. Paul Street

VS 150

information should be c. the causes Jo item RESERVED UNFADING INK. Physicians: please MARGIN WITH important.

illy supplied.

especially

23

MEDICAL

HUNTER REPRESENTATION OF A

Transfer of the contract of th - wasting modern

11	-200)
	53 1473	
D.	BIRTH NO	

BALTIMORE CITY HEALTH DEPARTMENT

53 1473

	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
	1. NAME OF DECEASED (Type or Print) REV. Robert 9.	. Mc Kay 2. DATE OF DEATH 2/8/	53
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	md	
	HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits w	rite RURAL and give
-	6614 Busky J.	o. STREET ADDRESS (If rural, give location)	00
	Mos.	6614 Bushey st.	
-	5. SEX 6. COLOR OR RACE 7. SINGE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under	er 1 Year If Under 24 Hours
1	male White Married	0/23/1882 70 5	15
*	10A. USUAL OCCUPATION (Give kind of or	11. BIRTHPLACE (State or foreign country) 12	, CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John J. Mc Kay	Rosella Nunrey	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	1Z INFORMANT ADDI	RESS
.	No	T. Lorena Mc Kay 6614 Bu	okey st.
	18. 422.1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 4. 6 1.	3
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	oschentic Cardiovanulas dunu	gears
	ANTECEDENT CAUSES		
1			• • • • • • • • • • • • • • • • • • • •
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
- 11	A DINDERLITING CONDITION CAST.		
	OTHER SIGNIFICANT CONDITIONS CON-		
	OTHER SIGNIFICANT CONDITIONS CON-		
	TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?
			YES NO 4
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		exact location)
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	1953 to Flot. 7, 1953 t	hat I last saw the
	deceased alive on . Z. 1953, and that death occur		
	23A. SIGNATURE		3c. DATE SIGNED
	24A. BURIAL, GREMAN 24B. DATE 124C. NAME OF CEMETE	ERY OF CREMATORY 24D. LOCATION (City, town, or	$2 \cdot 9 - 43$
	TION, REMOVAL (Specify)	D.6 3 04	Sul 1
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR AL	DDRESS
	LOCAL REGISTRAR	47- Bit Dic. 1217 St. Pa	ul The
	VS 150 0 0 9	8 W	

HIRAGO TO BY THE OFFICE 13 - 43 5

should be can ally supplied. Tarly and legibly.	1. N (Typ) 3. PI A. B B. FU HOSS INST
OR BINDING tem of information causes of death cle	13. F
PLEASE W. TE PLAINLY, WITH UNFADING INK. Every item of information should be cannot age is especially important. Physicians: please write the causes of death clearly and legibly.	MEDICAL CERTIFICATION OTO OTO OTO OTO THE OTO OTO OTO

BURIAL, CREMA-REMOVAL (Specify)

0	3 147	.52	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No	3 1474
	NAME OF D	FCFASED			I 2. DATE	
	ype or Print)		RICHARD KERNS		OF DEATH Februs	arv 8 1953
	PLACE OF DE			4. USUAL RESIDENCE	Where deceased lived. If in	stitution; residence
_	FULL NAME	City, Maryland OF (If not in hospita	al or institution, give street address or	A. STATE Maryland	B. COUNTY	before admissi
	SPITAL OR	217 N. Hi	location)		f outside corporate limits,	
1	4)	ALT NO CL	Eu porceo	Paltimore	Same Comment	towns
-			Yrs. Mos.	D. STREET ADDRESS (1)		
		tay in Baltimore	Days	217 N. High St		
	sex ele	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years it V	
			married	Jan. 6, 1875	78	
ork	A. USUAL OC	CUPATION (Give kind of of working life, even if retired) Not Employed	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNT
				New York		
13.	FATHER'S			14. MOTHER'S MAIDEN N	NAME	
		Rodney M. Ker				/
_						
15 Yes	e, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
15. Yes	. WAS DECEASE e, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO. none	17. INFORMANT Virginia Kerns,		
15. Yes	no or unknown)	(II yes, give war or dates	security No.			INTERVAL BETW
15 Yes	18. 490	(II yes, give war or dates	of service) SECURITY NO. NO	Virginia Kerns,	217 N. High St	INTERVAL BETW
15 Yes	18. 490 DISEAS	(II yes, give war or dates	of service) SECURITY NO. NO	Virginia Kerns,	217 N. High St	INTERVAL BETW
Yes.	18. 490 DISEAS (This does heart failu	(II yes, give war or dates I SE OR CONDITION LEADING TO DEAT is not mean the mode of the authority, asthenia, etc. It mea	CAUSE DIRECTLY I'H f dying, e. g., ns the disease,	Virginia Kerns,	217 N. High St	INTERVAL BETW
15 Yes	18. 490 DISEAS (This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which of	CAUSE DIRECTLY 'H f dying, e. g., ns the disease, aused death.) DUE TO	Virginia Kerns,	217 N. High St	INTERVAL BETW
Yez	18. 490 DISEAS (This does heart failu	(II yes, give war or dates I SE OR CONDITION LEADING TO DEAT is not mean the mode of the action of the second of	CAUSE DIRECTLY 'H f dying, e. g., ns the disease, aused death.) DUE TO	Virginia Kerns,	217 N. High St	INTERVAL BETW
Yes	18. 490 DISEASE (This does heart failuinjury or	SE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which of	CAUSE DIRECTLY If dying, e. g., (A)	Virginia Kerns,	217 N. High St	INTERVAL BETW
ATION	18. 490 DISEAS (This does heart failu injury or	GE OR CONDITION LEADING TO DEAT a not mean the mode of the asthenia, etc. It mean complication which complic	DIRECTLY Th dying, e. g., (A) must disease, aused death.) ES FANY, GIVING STATING THE SECURITY NO. (A) (B)	Virginia Kerns,	217 N. High St	INTERVAL BETW
ATION	18. 490 DISEAS (This does heart failu injury or	GE OR CONDITION LEADING TO DEAT is not mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS. III HE ABOVE CAUSE (A)	DIRECTLY Th dying, e. g., (A) must disease, aused death.) ES FANY, GIVING STATING THE SECURITY NO. (A) (B)	Virginia Kerns,	217 N. High St	INTERVAL BETW
ATION	18. #90 DISEAS (This does heart failu injury or DISEASE: RISE TO TUNDERLY	GE OR CONDITION LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS. III HE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH f dying, e. g., ns the disease, aused death.) DUE TO SES (B) TANY, GIVING STATING THE ST. (C)	Virginia Kerns,	217 N. High St	INTERVAL BETW
FRITICALION	18. 490 DISEAS (This does heart failu injury or DISEASE: RISE TO T UNDERLY	GE OR CONDITION LEADING TO DEAT So not mean the mode of the complication which complication was complicated by the complete of the complet	DIRECTLY The dying, e.g., (A) ESS FANY, GIVING STATING THE ST. TIONS CONNOT RELATED	Virginia Kerns,	217 N. High St	INTERVAL BETW
ERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER S TRIBUTING TO THE D	GE OR CONDITION LEADING TO DEAT is not mean the mode of the action which complication was complicated as a complication was complicated as complicated	of service) SECURITY NO. NONE CAUSE DIRECTLY 'H f dying, e. g., (A)	Virginia Kerns, OF DEATH Of ST Pr	217 N. High St	INTERVAL BETWONSET AND DE
ERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER S TRIBUTING TO THE D	GE OR CONDITION LEADING TO DEAT in to mean the mode of the complication which complication was complicated as a complication was complica	DIRECTLY The dying, e.g., (A) ESS FANY, GIVING STATING THE ST. TIONS CONNOT RELATED	Virginia Kerns, OF DEATH Of ST Pr	217 N. High St	INTERVAL BETWONSET AND DE
CAL CERTIFICATION	OTHER STRIBUTING TO THE DISPASE OTHER STRIBUTING T	GE OR CONDITION LEADING TO DEAT in not mean the mode of the astenia, etc. It mean complication which complication with the above cause (A) ying condition Lawrence Condition to the Death, But this case or Condition of Operation of Operation of Condition which was a condition of the case of Condition of Condi	CAUSE DIRECTLY TH f dying, e. g., ns the disease, aused death.) ES F ANY, GIVING STATING THE CAUSE (B) (C) TIONS CON- NOT RELATED CAUSING IT. DB. MAJOR FINDINGS OF OPER	Virginia Kerns, OF DEATH Ofar fr RATION 10 of 21c, WHERE DID	217 N. High St	INTERVAL BETWONSET AND DE 36 Au 20. AUTOPSY YES \(\) NO
CAL CERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D 19A. DATE O	GE OR CONDITION LEADING TO DEAT in not mean the mode of the astenia, etc. It mean complication which complication with the above cause (A) ying condition Lawrence Condition to the Death, But this case or Condition of Operation of Operation of Condition which was a condition of the case of Condition of Condi	Of service) SECURITY NO. NONE CAUSE DIRECTLY 'H	Virginia Kerns, OF DEATH Ofar fr RATION 10 of 21c, WHERE DID	217 N. Nigh St	INTERVAL BETWONSET AND DE 36 Au 20. AUTOPSY YES NO
EDICAL CERTIFICATION	DISEASE (This does heart failu injury or UNDERLY OTHER STRIBUTING TO THE D 19A. DATE O	GE OR CONDITION LEADING TO DEAT So not mean the mode of the action which complication co	DIRECTLY The dying, e.g., (A)	Virginia Kerns, OF DEATH Of ATTON BOT 21C, WHERE DID HOT INJURY OCCUR?	217 N. High St	interval betwoest and de 36 År
CERTIFICATION	DISEASE (This does heart failu injury or UNDERLY OTHER STRIBUTING TO THE D 19A. DATE O	GE OR CONDITION LEADING TO DEAT in not mean the mode of the astenia, etc. It mean complication which complication with the above cause (A) ying condition Lawrence Condition to the Death, But this case or Condition of Operation of Operation of Condition which was a condition of the case of Condition of Condi	DIRECTLY The dying, e.g., (A)	Virginia Kerns, OF DEATH OF AT ATTOM TO THE TO THE TOTAL THE TO	217 N. High St	interval between onset and de 36 År

23c. DATE SIGNED 23B. ADDRESS 266. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY Baltimore. Mar-land

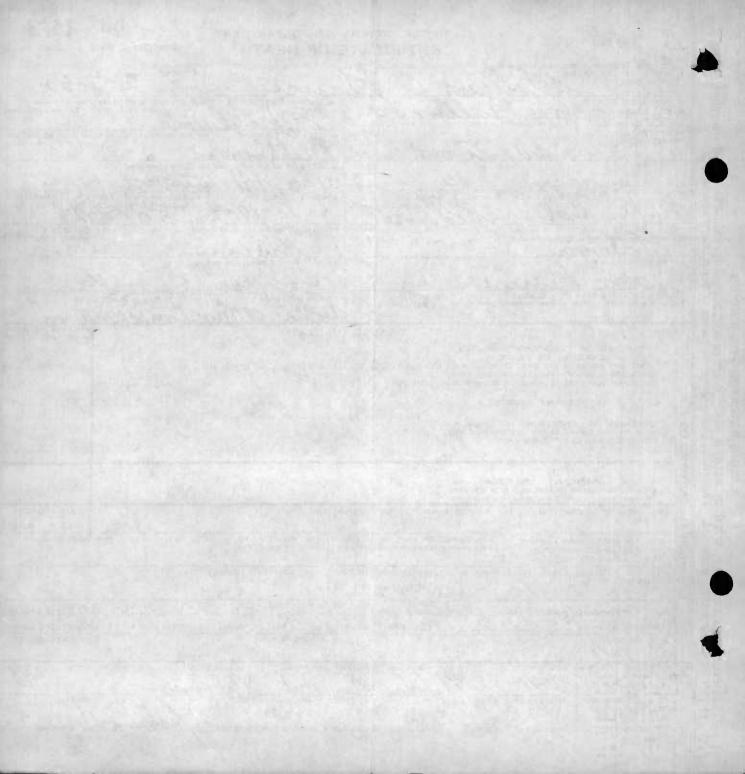
St. Peters Ceretery REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

E RECEIVED BY 1217 St. Paul Street VS 150 1000

	O L O DR FRAN	sik Shanders 1029 N. S.	tacker Ri
5 B	3 1475 ERTH NO.	CERTIFICATE OF DEAT	
1	NAME OF DECEASED	iam a Bruce	2. DATE OF 2-7-53.
A. B.		institution, give street address or	ENCE (Where deceased lived. If institution: residence B. FOUNTY before admission
HOIN	OSPITAL OR NSTITUTION 2103 MEA	twood and Balti	more 15-03 townsh
	. Length of stay in Baltimore	15 Yrs. o. STREET ADDR	Destwood one
1	Male Col i	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	902 last birthday) Months Days Hours M
worl	done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	State or foreign country) 12. CITIZEN OF WHAT COUNTI
	John Bruce	L. Va 14. MOTHER'S M	IDEN NAME
Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR 64, no or unknown) (If yos, give war or detec of se	RCES? 16. SOCIAL 17 INFORMANT SECURITY NO.	Morton Western
	DISEASE OR CONDITION DIRECTION (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused	ring, e.g., (A) My	INTERVAL BETWIONSET AND OE
CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.		nong Copin
CERTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE CEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATEO	
AL	19A. DATE OF OPERATION 19B. P	MAJOR FINDINGS OF OPERATION	20. AUTOPSY
MEDIC		21B. PLACE OF INJURY (e. g., in or 21c. WHERE I Dut home, farm, factory, street, office bldg., etc.)	
	21D. TIME (Month) (Day) (Year) (Hot OF INJURY	ur) 21E, INJURY OCCURRED 21F, HOW DIE m. WHILE AT NOT WHILE AT WORK	NJURY OCCUR?
	22. I hereby certify that I attended deceased alive on 2 , 19	ed the deceased from 9-15-, 195	to 2-7-, 1953, that I last saw, from the causes and on the date stated abo
	23A. SIGNATURE	under M. D. 1029 NI	Stricker St. 23c. DATE SIGN
	trank 4.00		
	41. BURIAL, CREMA- 24B. DATE SN. REMOVAL (Specify) 2-10-5	3 Aurulus Mom Park	Probutus Ma
	AL BURIAL, CREMA- 24B. DATE 24B. DATE 2-10-5 ATE RECEIVED BY OCAL REGISTRAR Turking	3 Julius Mom Park	arbutus Ma



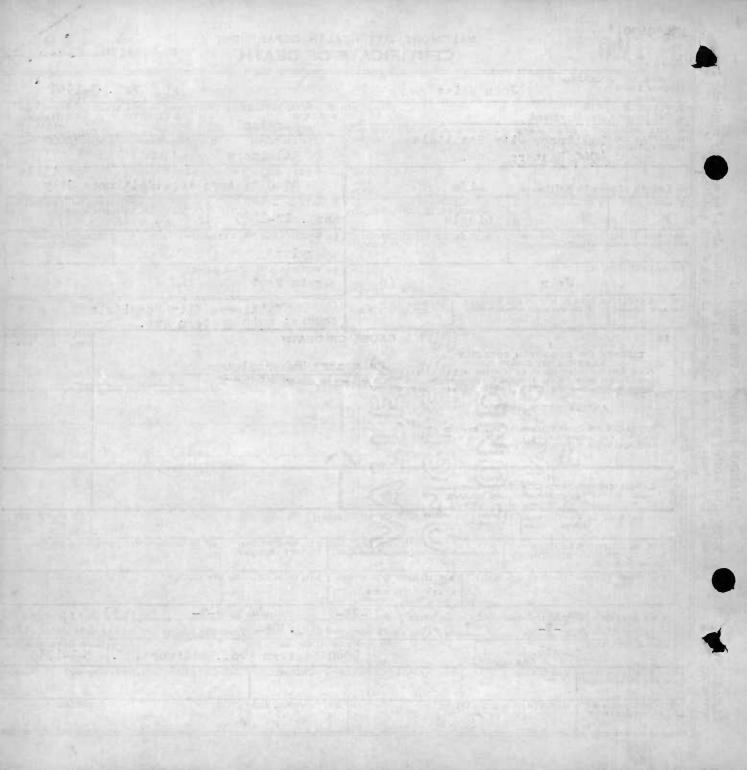
UNFADING

PLEASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE John Weiss OF Feb. 3-1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Baltimore Ave. Yrs. D. STREET ADDRESS (If rural, give location) Hospitals Mos. 4940 Eastern Ave. Baltimore City Life c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Sept. 12-1885 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired. INDUSTRY WHAT COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John (D Greta West 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT timore 'ity Hospitals Ess (Yes, no or uuknown) (If yes, give war or dates of service) SECURITY NO Records: 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from 2-21-1946 to 2-3-19 53 that I last saw the 19 53, and that death occurred at 9.30Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Baltimore, Md. 2-3-1953 24A. BURIAL, CREMA-24c, NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

VS 150



- 9-	52	
53	1477	

53 1 477

		CERTIFICAT	E OF DEATH Registered No.	JL 70 0 18
		RTH NO.	L OI DEMIN	
		re or Print) ANNA HAWKINS	2. DATE GES. OF DEATH	6,1953
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins	stitution : residence before admission)
	HO	FULL NAME OF (If not in hospital or institution, give street address of spital or location striction)	c. CITY OR TOWN (If outside corporate limits, v	write RURAL and give township)
	-	Yrs.	D. STREET ADDRESS (If rural give location)	100
0	c.	Length of stay in Baltimore 40 %. Mos. Days	111.211 11-11	Cd.
-	5.	female Color of RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify manuel	18 DATE OF BIRTH 19 AGE (In years) # lin	der 1 Year hs Days Hours Min.
	10. work	done dridg most of working life, even if retired) When the state of t	11. BIRTHPLACE (Syste or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME	14. MOTHER'S MAYTEN NAME	
	15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL no or unknown) (If yee, give war or dates of service) SECURITY NO.	Theresian m. A	sertein .
	T	18. 175% CAUSE	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	arian muliquemer	4 Milio.
		ANTECEDENT CAUSES		
	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	FIC	(c) Sel	ceralized metarluses	
	Ш	OTHER SIGNIFICANT CONDITIONS CON-		
1	U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
	CAL			YES NO
	MEDI	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.		e exact location)
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT WORK NOT WHILE AT WORK		
		22. I hereby certify that I attended the deceased from deceased alive on 1955, and that death occur	2.1. 1953 to Z. , 1953, arred at 75 m., from the causes and on the	that I last saw the date stated above.
				23c. DATE SIGNED
000	24 TIO	A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMET	Resident Parties Control City, town, or Males Parties	county) (State)
		TE RECEIVED BY REGISTRAR'S SIGNATURE	TE EN RAL ERCERT Sunet	DP 18 Som

TATES TO SOLD VIDE

1	-1	0	0
	53	1	478
22	BIRTH	NO.	
-	1. NAM	E OF	DECEAS

y supplied.

BINDING

FOR

RESERVED

MARGIN

WITH

item cal

the

BALTIMORE CITY HEALTH DEPARTMENT

53	1478
Registered No.	
2. DATE OF DEATH Feb. 7,	1953
ere deceased lived. If inst	itution : residence before admission)
tside corporate limits, w	rite RURAL and give
ral, give location)	
9. AGE (In years If Undar last birthday) Month	l Year H Under 24 Hours S Days Hours Min.
ign country) 12	CITIZEN OF WHAT COUNTRY? USA
ΙE	
ltz	
ADD	RESS
avy Above	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN
	INTERVAL BETWEEN ONSET AND DEATH
4	
Tu.	***************************************
	YES NO
in Baltimore City, give	exact location)
OCCUR7	

CERTIFICATE OF DEATH SED (Type or Print) JOHN PETERS LEAVY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Wh A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If or INSTITUTION 4602 Tazwell Rd. Baltimore D. STREET ADDRESS (If ru Yrs. information should be call of death clearly and leg Mos. 4602 Tazwell c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Aug. 21, 1900 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or force work done during most of working life, even if retired) INDUSTRY Chemical Engineer Betz Harrisburg, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM IM Harry Leavy Annabelle Umho 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. Helen T. Les 260X 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Covorany Schools LEADING TO DEATH Every write th (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL important. 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 19 That I last saw the deceased alive on He 7 19 23 and that death occurred at 4 _m., from the causes and on the date stated above. 23A, SIGNATURE PLEASE WR 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Burial Lorraine Woodlawn. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

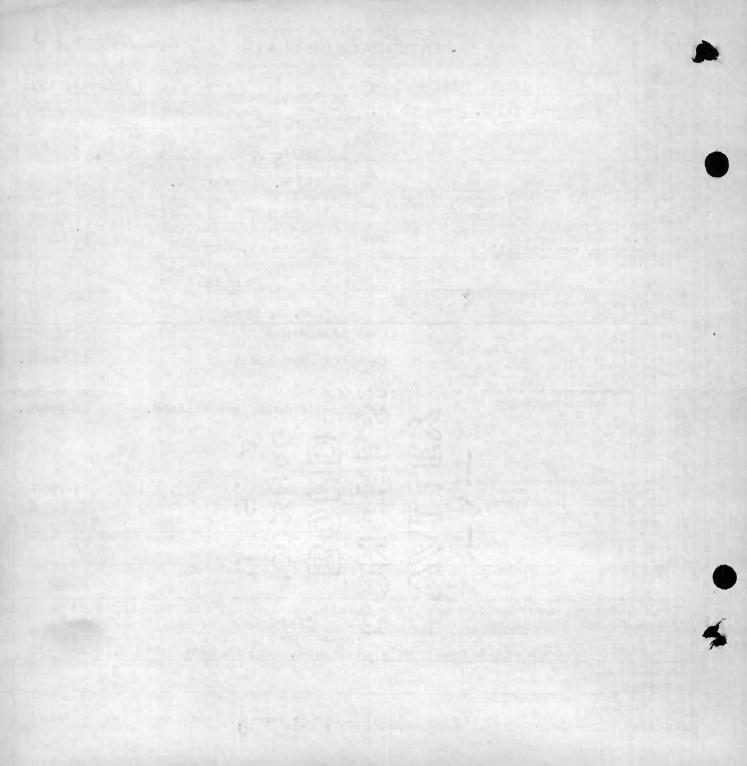
VS 150

	01	(1)
	n	č
	ti	c
	12	at
5	E	de
	9	44
9	in	0
MARGIN RESERVED FOR BINDING	4-1	es
2	0	13
2	E	8
0	te	0
1	-	Ĕ
_	ry	4
G	Ve	ij
5	国	M
R		>
田田	Y.	se
至	Z	69
2	-	ď
-	9	
1	\mathbf{Z}	DS.
5	A	B
H	V.	ic
-	H	ys
-	4	J.
	1	
	五	
		ınt
	WIT	rtant
	, WIT	ortant
	Y, WIT	mportant
	Y, WIT	important
	Y, WIT	lly important
	LA Y, WIT	ially important
	PLA Y, WIT	ecially important
	PLA Y, WIT	specially important
	"PE' PLA Y, WIT	specially important
	TE PLA Y, WIT	is especially important
	WICE PLA Y, WIT	e is especially important
	WI TE PLA Y, WIT	ge is specially important
	SE WI TE PLA Y, WITH	age is specially important
	ASE WILT PLA Y, WIT	ct age is specially important
	EASE WILTE PLA Y, WIT	rect age is specially important
	PLEASE WITH Y, WITH UNFADING INK. Every item of information sl	orrect age is specially important

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1479

	KIN NO.						
1.	NAME OF DEC		MES WI	LLIAM SCOTT		2. DATE OF 7 DEATH 7	February 1953
A.	PLACE OF DEATH: Baltimore City, Maryland 213 W. Monument St.				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)						
11	ISTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
	43			Yrs.	Baltimore	S (If rura), give location	n)
C	Length of sta	y in Baltimore	TAGE	Mos.	213 W. Mon		,
-		COLOR OR RACE	7. SINGLE	Days MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		h Under I Yeer H Under 24 Hours Months Days Hours Min.
M:	ale	White	Marri		18 Jan 1878	75	Months Days Hours Min.
10	A. USUAL OCCU	JPATION (Give kind of vorking life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
1		r. commercia	i.	INDUSTRY	Baltimore,	Maryland	USA COUNTRY?
	FATHER'S NA				14. MOTHER'S MAIL		
	(Unkno	own) Scott			Geo	orgia (Unkno	own)
1! (Y	. WAS DECEASED	EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	8-0 (ADDRESS
(*)	Yes	(1.) or) Brid was as date	s or corrido,	SECURITY NO.	Mr. C. G. Sco	ott Abo	ve
	18. 332	× .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) Cerebral Thrombosis					12 hours.	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						more than
Z	Arteriosclerosis generalized.					10 years.	
E	RISE TO THE	E ABOVE CAUSE (A)	STATING TI				
S	UNDERLYII	NG CONDITION L	AST.				
E		11		(C)			
CERTIFICATION	TRIBUTING 1	ONIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELATI	Respir	atory infecti	on (Flu), mile	d 7 days
L				FINDINGS OF OPER	ATION		20. AUTOPSY?
A	none						YES NO X
MEDICA	HOMICIDE	T, SUICIDE, (Specify)	about home,	CE OF INJURY (c. g., in arm, factory, street, office bldg., c	or 21c. WHERE DIE	(If in Baltimore C	ity, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	OF MOOK!	OF INJURY MHILE AT NOT WHILE AT WORK AT WORK					
	22. I hereby	22. I hereby certify that I attended the deceased from 28 May , 1946, to 7 February, 193, that I last saw the					
	deceased alive on 7 February 53, and that death occurred at 11:45PM., from						
	23A. SIGNATU	IRE	7		3B. ADDRESS		23c. DATE SIGNED
_	DUDIAL CD	Courad				Street; Balto	
24A. BURIAL, CREMA- 24B. DATE 10N. REMOVAL (Specify) 2.1/53 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, World LAWN.							
Bullat					ADDRESS		
	LOCAL REGISTRAR . Local State of the State of Sons Inc. Balto. md						
=	- 6 1 V 14	34 June	ALPROVIET	13 Charles VI	The state of) woo are	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	VS 150		1)				



OTHER SIGN TRIBUTING TO TO THE DISEAS 19A. DATE OF O

21A. ACCIDENT LYING OR CO

CAUSE OF DEA 210. TIME (Mon OF INJURY

22. I hereby ce deceased alive 23A. SIGNATURE

Burial

MARGIN RESERVED FOR BINDING

WITH

Y.

PLEASE W TE PLA

BALTIMORE CITY HE CERTIFICATI		1480
ASED Gronge CLARKE	GOYMAN 2. DATE FCORU	1953
Maryland (If not in hospital or institution, give street address or inacrest Sanatorium 600 S location)	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside corporate limits, w. Beltimore	before admission)
Lano Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 2417 Crest Rd.	
OLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) Warried	Sept. 21, 1880 last hirthday) Months	Days Hours Min.
ATION (Givekind of log life, even if retired) Importer Self Self	11. Birthplace (State or foreign country) 12. Balto. Md.	CITIZEN OF WHAT COUNTRY?
ge W. Godman	14. MOTHER'S MAIDEN NAME Margaret Camden	
ER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDR Mrs. Effie T. Godman Above	
mean the mode of dying, e. g., thenia, etc. It means the disease, plication which caused death.) ECEDENT CAUSES CONDITIONS, IF ANY, GIVING BOVE CAUSE (A) STATING THE CONDITION LAST. (C)	nary ARTERY DISTASE	lyear
FICANT CONDITIONS CON- THE DEATH, BUT NOT RELATED E OR CONDITION CAUSING IT.	Nic Nephritis	IYCAR
PERATION 198. MAJOR FINDINGS OF OPER		20. AUTOPSY?
WAS UNDER. NTRIBUTING TH 21B. PLACE OF INJURY (e. g., ic obout home, farm, factory, street, office bldg., e		exact location)
th) (Day) (Year) (Hour) 21E. INJURY OCCURRED MHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?	
on Fibruary, 1953, and that death occur	red at 7:40 Pm., from the causes and on the a 38. ADDRESS 5000 Old Frederick Cord 2	late stated above. 3c. DATE SIGNED
A- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or o	county) (State)
2/11/53 Loudon Pk. C		DRESS

24A. BURIAL, CREM TION, REMOVAL (Specif DATE RECEIVED BY LOCAL REGISTRAR

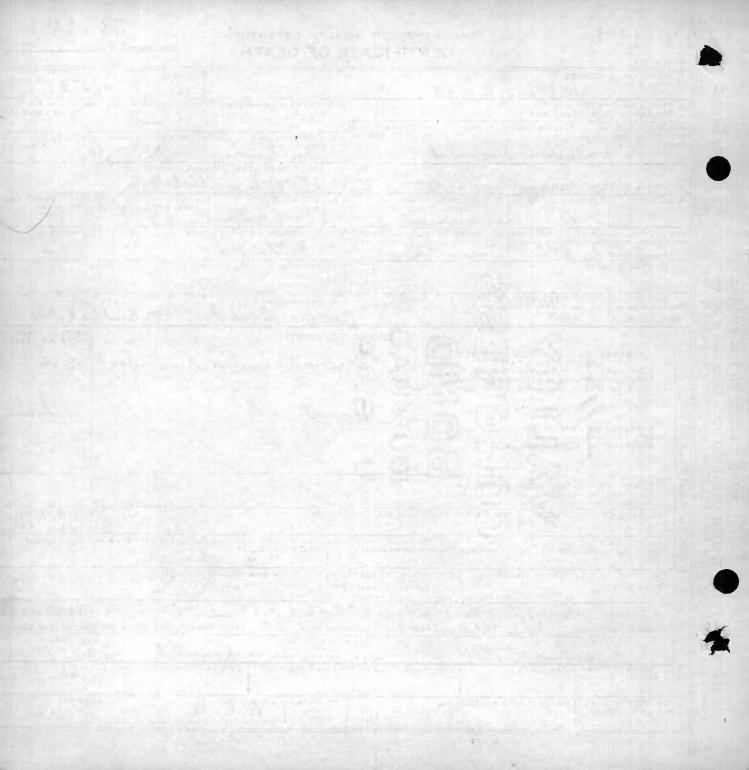
MEDICAL important.

VS 150

, Sous In Bello mid

2906

I.	-	52	0							4.40:
from	5	3 148	31	ВА	LTIMORE CITY	HEALTH DEPAR	TMENT		53	1481
	BI	RTH NO.			CERTIFICA	TE OF DEAT	ГН	Register	red No_	
H	1.	NAME OF I						2. DATE	111	
ied.	_	ype or Print)		J. Em	98			OF DEATH	-/6/	5-3
supplied.	A.		City, Maryland			4. USUAL RESIL	DENCE (Whe	B. COUNT		tution : residence before admission
	H	FULL NAME DSPITAL OR ISTITUTION	OF (If not in hos)	oital or institu	ition, give street address locati	or c. CITY OR TOW	N (If ou	tside corporate	limits, wri	ite RURAL and give
ully y.	1	ISTITUTION	Lutheran	Hospe	etal	Baltin	worl	15	- O	township
e c legim	c.	Length of	stay in Baltimore	69	9 yrs. Mc	s. 1800 "	Brodde	al, give location	n)	•
should be	5.	M	6.COLOR OR RAC		E, MARRIED, WED, DIVORCED (Spec	B. DATE OF BIRT	7 g	last birthday		1 Year H Under 24 Hours Days Hours Min.
on shoul	1C worl	A, USUAL OC done during most	CCUPATION (Give kind of working life, even if retire	of 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE	(State or forei	gn country)		CITIZEN OF WHAT COUNTRY
atio	13	FATHER'S				14. MOTHER'S M	AIDEN NAM	E		037
VDING information of death cl				lmge			(UNK	NOWN)		
BINDING of inform uses of dea	(Ye	. WAS DECEAS , no or unknown	ED EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	sabel	1800	ADDRI	il ave.
- 2		18. 33	1%		CAUS	E OF DEATH	WILLIAM TO THE			INTERVAL BETWEEN
FOR item		DISEA	SE OR CONDITION		C	. 0	0	0	1	C O
2		heart fail	es not mean the mode ure, asthenia, etc. It m	of dying, e.	ase,	ricio vas	ewas >	aenovi	rage	ours.
RESERVED INK. Evel please write		injury or	complication which		th.) DUE TO	,	EN. C.			
RESEI INK. please			ANTECEDENT CA	1600	(B)	ypertener	×			renterour
75	ATIO	RISE TO	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING	ING THE DUE TO	01				
RGIN ADING	FIC				(C)		. =	1		
MA NF hysi	CERT	TRIBUTIN	II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITI	T NOT RELAT	TED					
H OF			OF OPERATION		R FINDINGS OF OF	ERATION				20. AUTOPSY?
Y, WITH important.	ICA	21A. ACCID	ENT, SUICIDE.	218. PL	ACE OF INJURY (e.	s., in or 21c. WHERE	DID (If i	n Baltimore (City, give	YES NO L
Y, V mpor	EDI	HOMICIDE	(Specify)	about home	, farm, factory, street, office bl					
	Σ	21D. TIME OF INJURY	(Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCU	RRED 21F. HOW DI	D INJURY C	CCUR?		
Alla				m.	WHILE AT NOT WH	к 🗀				
E PI speci				ttended the	e deceased from 6	P.M. 2/6, 195	53, to 7:4	40 P.M. 46	19 53 , the	at I last saw th
es		deceased a		1937	, and that death oc	curred at 7:40 P.n	n., from the	causes and		ate stated above
e K		7	ranklin Z	Kel	les M.D.	Luthers	n Hosp	retal	2	-16/53
CE SE	710	A. BURIAL, ON, REMOVAL (Specify)			TERY OR CREMATOR		ATION (City,		ounty) (State)
PLEASE W	D	Burial	, , , , , , , , , , , , , , , , , , , ,	3 R'S SIGNAT	Loudon Pk.	Cem.		imore. 1	d.	DRESS
PI		CAL REGIS		e to	W. 15. 3. 0	Whom I. Vice	knei 3	no Inc		, med
		VS 150	1 30.0	7		11-				



ly supplied

the

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MOSES W. STABOLT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3710 Clifton Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3710 Clifton Ave. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Married Jan. 14, 1884 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s Selesman Advertising Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin M. Seabolt Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Virginia Seabolt Above INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from. 19 3 and that death occurred at_ deccased alive on m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRES 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Feb. 10. 1958 Lorraine DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

VS 150

LOCAL REGISTRAR

PLEASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Mos.

Days

A. STATE

Md. C. CITY OR TOWN

Baltimore

D. STREET ADDRESS

Feb. 4. 1872

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

8. DATE OF BIRTH

ALMIRA V. KLAGES

2941 Westwood Ave.

6. COLOR OR RACE

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

OF INJURY

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

(If not in hospital or institution, give street address or

Widowed

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10B, KIND OF BUSINESS OR

Registered No.

Feb. 9. 1953

(If outside corporate limits, write RURAL and give

II Under 1 Year

12. CITIZEN OF

YES

(If in Baltimore City, give exact location)

Months Days

before admission)

H Under 24 Hours

2. DATE

OF

DEATH

B. COUNTY

4. USUAL RESIDENCE (Where deccased lived. If institution: residence

(If rural, give location)

9. AGE (In years)

last birthday)

2941 Westwood Ave.

11. BIRTHPLACE (State or foreign country)

BIRTH NO. NAME OF DECEASED (Type or Print) ully supplied. 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF INSTITUTION c. Length of stay in Baltimore information should be 5. SEX 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Every ite write INK. important.

EDI

causes of

MARGIN RESERVED FOR BINDING

22. I hereby cert deceased alive on	ify that I attended th	e deceased from . and that death occ	urred at 3 A.	m., from the eauses and	, 1955, that I last saw the
23A. SIGNATURE	Willan	2 м. р.	23B. ADDRESS / 20 2 \$ \$	Carolor	2/9/SR
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24c. NAME OF CEME	TERY OR CREMATO	RY 24D. LOCATION (City	, town, of county) (State)
Buriel	2/12/53	Lorraine Pk	•	Woodlawn.	Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNAT	Liabar, Ly	Vm. J. To		ADDRESS
VS 150	Λ				

NOT WHILE AT WORK

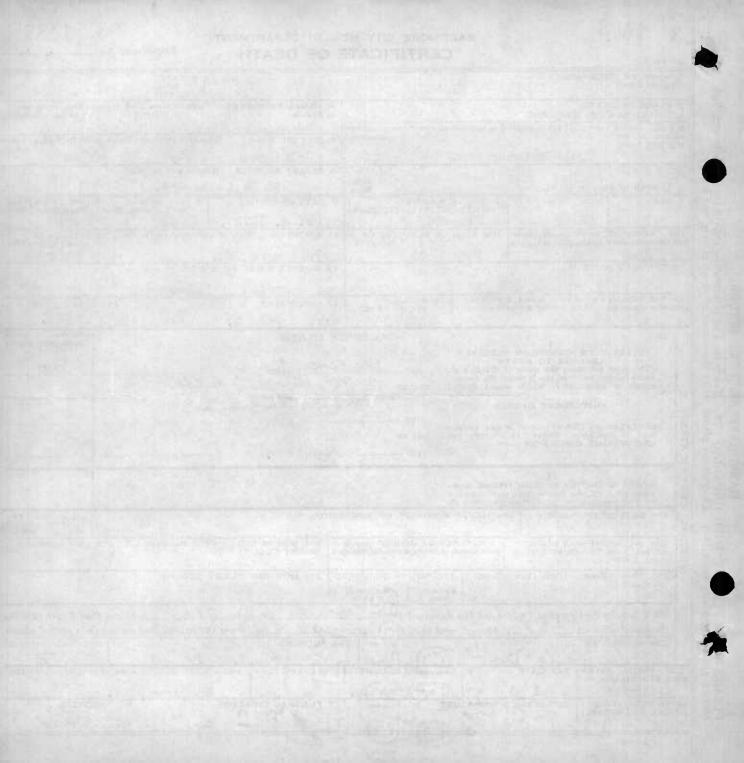
21B. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

WORK

Home At	Home	Baltimore, Md.	USA
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Fairall		Achsah (Unknown))
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, ao or anknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	None	Mrs. Myrtle A. Hichcox	Above
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diseinjury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING OUNDERLYING CONDITION LAST.	(B) (B) (B)	strais of free.	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTROL TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING	TED		
194. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER	RATION	20. AUTOPSY7



BIRTH NO (Type or Print) B. FULL NAME OF HOSPITAL OR INSTITUTION A 5. SEX

supplied

causes

write

item

É

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

that I last saw the

m., from the causes and on the date stated above,

1. NAME OF DECEASED 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street andress or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In year: WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours | Min. Morried 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nda 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 61.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: AU some consection of wars OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPS K, WITH Important. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE

WITH

PLEASE WR

23A. SIGNATURE 1230 DATE SIGNED 238. ADDRESS CREMA 24A. BURIAL. 24C. NAME OF CEMETERY OR CHEMATORY ON (City, town, or county) TION REMOVAL (Specify)

ATWORK

and that death occurred at.

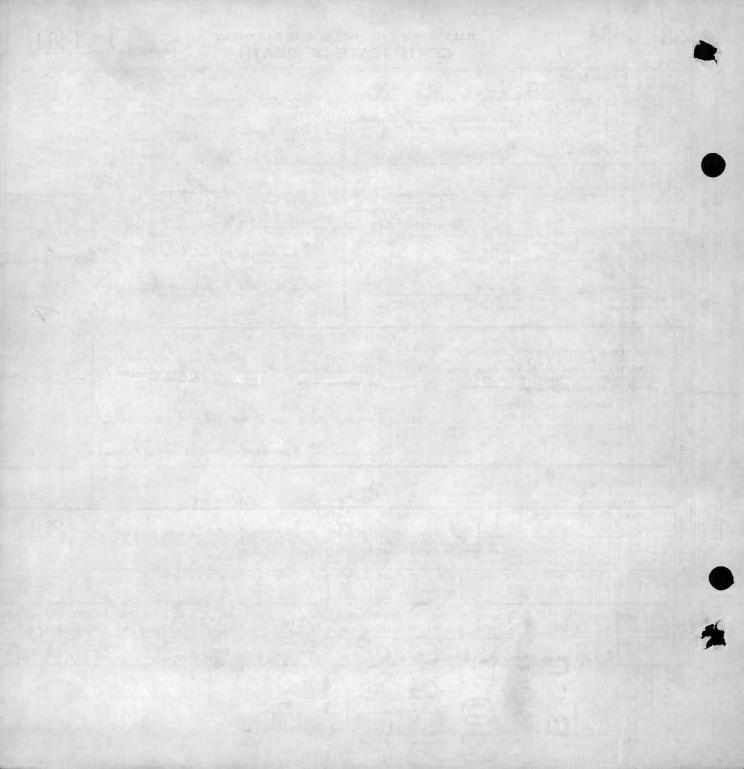
DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR Turting how

WORK

22. I hereby certify that I attended the deceased from

VS 150

deceased alive on_



ed. Th	1.	NAME OF DECEASED Spe or Print) HILDA CAROLINE BARRET	2. DATE OF OF DEATH	3 1953	
fully supplied.	B. HC	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION WOMEN'S HOSPITAL	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
	c.	Length of stay in Baltimore SIVIS Mos. Days	O. STREET ADDRESS (If rural, give location) 911 W. BARRE ST		
should be	F	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) EMALE WHITE MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) 11. BIRTHPLACE (State or foreign country) 12. (1)	Days Hours Min.	
tion shoul	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) HOUSE WIFE FATHER'S NAME	D	WHAT COUNTRY?	
IDING information of death cl	15	HENRY RUHL . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	KATHERINE SHUTTLER	66 -17	
item of inforne causes of d	(Yes	n, no or unknown) (II yee, give war or dates of service) SECURITY NO.	Mr Henry W. Barrett Ro	errest.	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the ca	RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	BRAL VASCULAR ACCIDENT		
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
LY, WITH important.	DICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidge		YES NO No xact location)	
₹ E	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?		
E PI especia			red at 12:30 KM rom the causes and on the do		
E Wage	2/	Tolut (8. Vily, h. M. D. /K	56 for the Uleum glad, Baltimalled	2/10/53	
PLEASE correct a	D	AL BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE 25C. NAME OF CEMETE	Mem PK Retable Hape	wy 57.	
	-	VS 150	fran f. wowan you As	- Cura	

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

	V-325
	53 1486
ì	BIRTH NO.
l	1. NAME OF DECEASED (Type or Print)

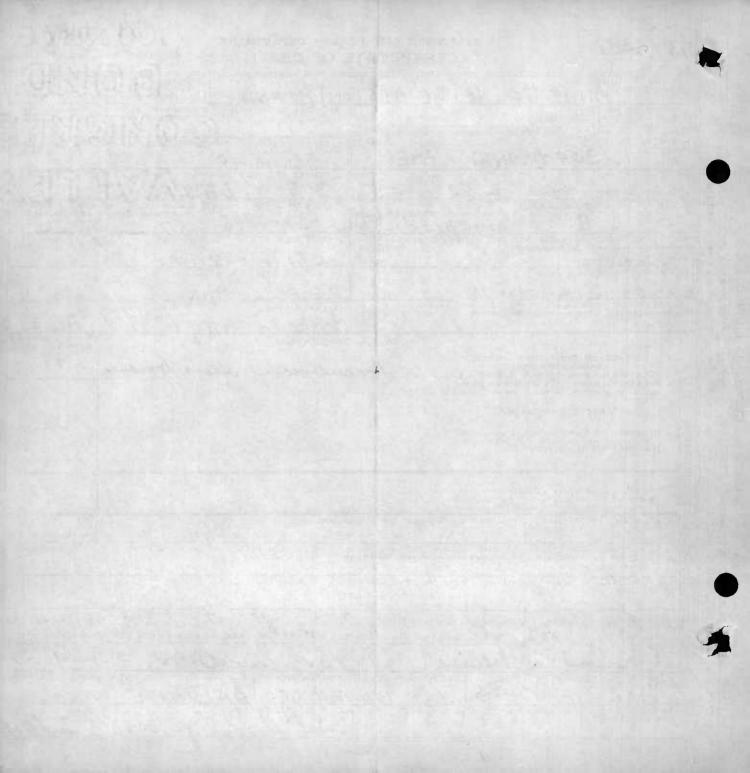
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1486 Registered No.

BIRTH NO.				
1. NAME OF DECEASED ANNA T. VITZTHU	M 2. DATE OF DEATH FEB.	9,1953		
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution : residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOPKINS APTS.	C. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give township)		
ST. PAUL (3) 3' 3 3. Yrs.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Mos.	HOPKINS APTS ST PAUL	31ST STS		
WIDOWED (Specify)	8. DATE OF BIRTH 9. AGE (In years Months 16-1873 7)	Year If Under 24 Hours Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Howard for the following most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	HGATHA MOSEK			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	ESS		
18. 155X CAUSE O		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ions of Gall Bladden	4-8 mos		
(A) management	will met2stases			
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING		•••••		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				
M TRIBUTING TO THE DEATH, BUT NOT RELATED				
, 19A. DATE OF OPERATION A 1 19B, MAJOR FINDINGS OF OPERA	I bladden + I cum	20. AUTOPSY?		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.		exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	D 21F, HOW DID INJURY OCCUR?			
m. WHILE AT WORK AT WORK				
deceased alive on 1953, and that death occurr	red at 4.30 Am., from the causes and on the d	at I last saw the		
23A. SIGNATURE 23	B. ADDRESS	ate stated above. BC. DATE SIGNED 9 1953		
24A. BURIAL CREMA- 24B. DATE 10N. REMOVAL (Specify) 1-11 1953 NEW CATHE	Y OR CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR AD	DRESS O		

DR.F SUPPLEE

11	D-310			ro.	A A Dia
5	03 1907	ALTIMORE CITY HE	ALTH DEPARTMENT	つび Registered N	1487
	NAME OF DECEASED Type or Print)	ETTIE ALSTO	1 -	2. DATE OF 2 -	-7-53
A	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or insti	tution, give street address or	4. USUAL RESIDENCE () A. STATE	Where deceased lived, If i B. COUNTY	nstitution : residence before admission)
	NSTITUTION 2309 ARUNA	H AVE Yrs.	BALTIMORE	f outside corporate limits,	write RURAL and give township)
		f E Mos. Days	1309 N.D	ALLAS S	Under I Year If Under 24 Hours
	F C. MA	OWED, DIVORCED (Specify) RR/Ed ND OF BUSINESS OR INDUSTRY	3 - 19 - 1895 11. BIRTHPLACE (State or f	57	ths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
	HOUSENIFE 3. FATHER'S NAME		BALTIMBRI 14. MOTHER'S MAIDEN N	AME >	
1 (1	5. WAS DECEASED EVER IN U. S. ARMED FORCES (If yos, give war or dates of service)	? 16. SOCIAL SECURITY NO.	TEDECCA A	NN .	DRESS
-	18. 443 X bisease or condition directi	v	OF DEATH	N2 1207 11	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	e.g., (A)ease,	enteneme Il	ear Dueau	v
2	ANTECEDENT CAUSES	(B)			
NOITAG	DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	VING THE DUE TO			
FRTIFICA	TRIBUTING TO THE DEATH, BUT NOT REL	ATED			
	19A. DATE OF OPERATION A 1 19B. MAJ	OR FINDINGS OF OPER			20. AUTOPSY?
FDICAL		PLACE OF INJURY (e. g., ir me, farm, factory, street, office bldg., e		If in Baltimore City, g	YES NO Live exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
The Document	22. I hereby certify that I attended to	2, and that death occur	red at 16:30 Pm., from	the eauses and on th	e date stated above
200		and M.D.	7379 aures	NAV	23c. DATE SIGNED
	24A. BURIAL, CREMA- ION, REMOVAL (Specify) SURIAL 2-12-3	MT. AUBO	IRN CEM. BA	LTIMBRE	m d (State)
	DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR	TURE 3 0 0	25. FUNERAL DIRECTOR	R. Je /304 h	Carled AV
	Vs 150				



D.O.A. 5-520 BALTIMORE CITY HEALTH DEPARTMENT 1488 5-500 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF February 6, 1953 Sinns, Lena. supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Maryland B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1623 Ellsworth St. Davs should be 6. COLOR OR RACE 5. SFX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) apr. 15-Marri ed Colored 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Hwfe. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 1623 Ellworth item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Coronary thrombosis, acute heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Arteriosclerotic coronary heart DISEASES OR CONDITIONS, IF ANY, GIVING disease RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 19___, to__ _, 19___, that I last saw the and that death occurred at 8:00 Pn., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Feb. b. 1400 N. Caroline St. M. D. PLEASE correct ag 24A. BURIAL, CREMA-24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Tura 2-10-5 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF O. 103' MEDICAL EXAMINER

derinate T

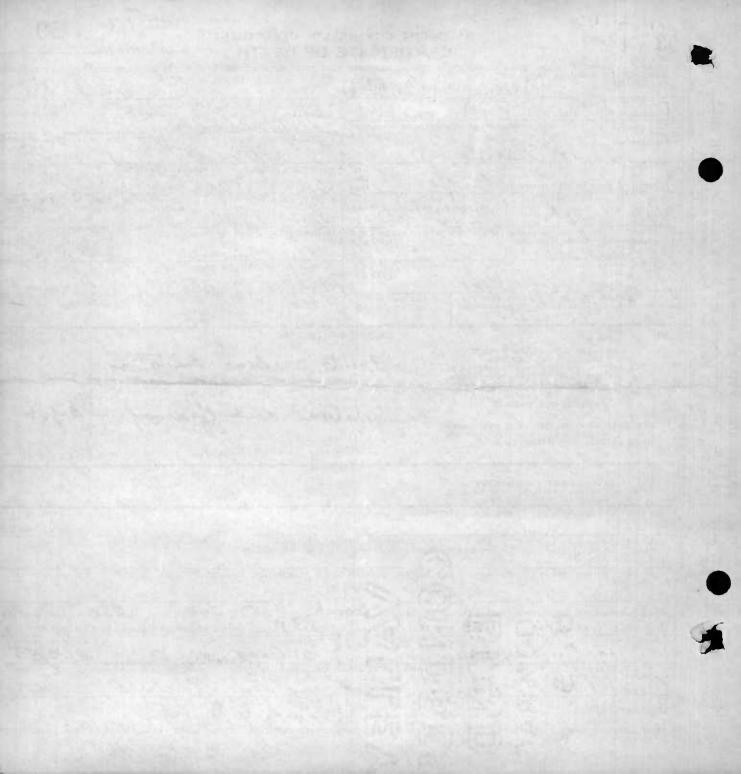
named of the second broaders, rough

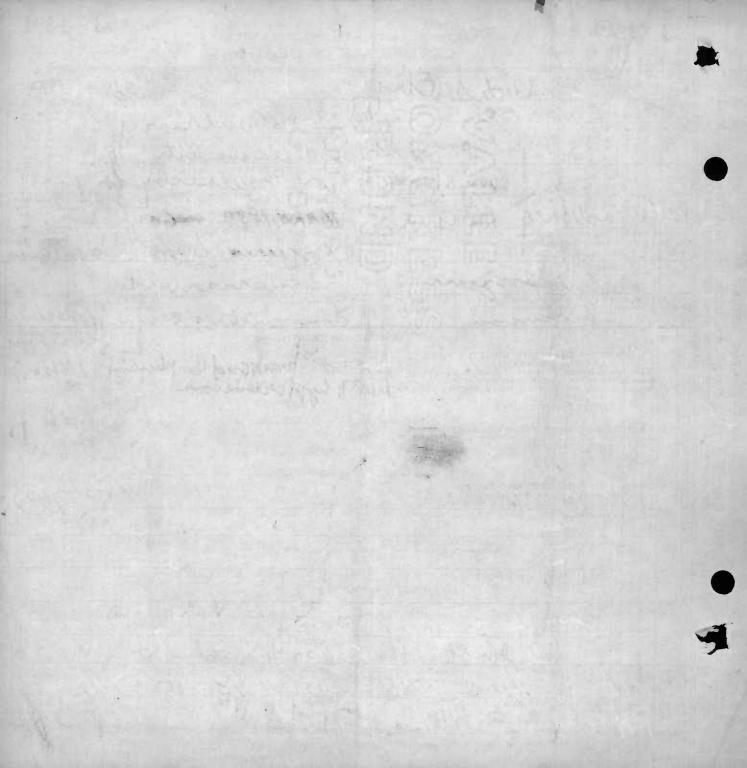
on/nelo

Mary Service

• 15

On Burelly 3 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland . COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITYLOR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. information shouse Jungle 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of porking life, even if retired) INDUSTRY WHAT COUNTR umour 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 7. INFORMANT (Yes, no or unknown) SECURITY NO causes Wan of 18. 42 CAUSE OF DEATH INTERVAL BETWEEN DNSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. 正 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH CAL Important. YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) ۵ INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from March 1950 to Jab . 19 that I last saw the deceased alive on 1953, and that death occurred at 5 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-NAME OF CEMEPERY DR CREMATOR DATE RECEIVED BY SIGNATURE REGISTRAR'S 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

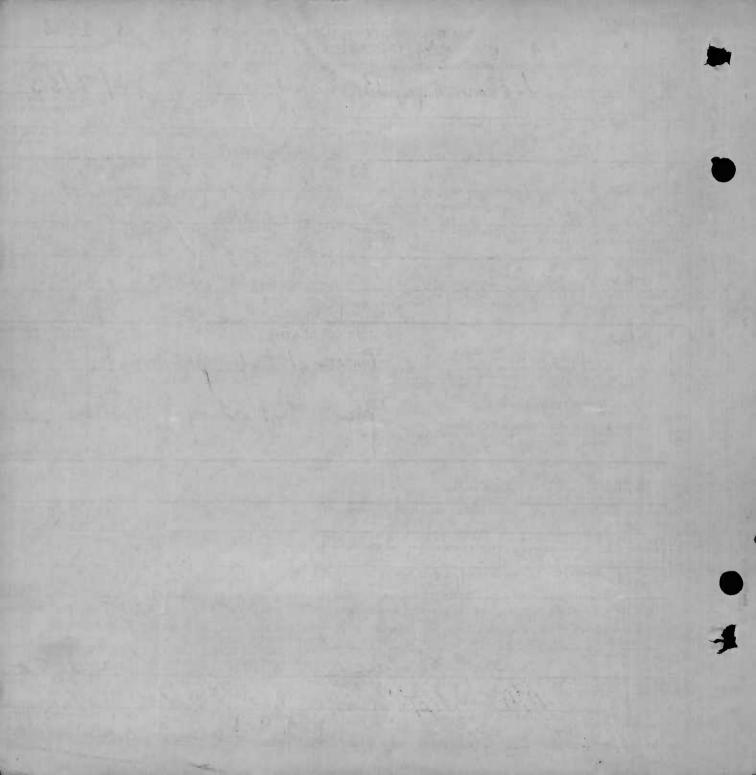




BINDING

RESERVED

MARGIN



	5	3 1930
		RTH NO.
 T	1. (T	NAME OF DECEASE
d be cally supplied.	3. A. B.	PLACE OF DEATH: Baltimore City, M FULL NAME OF (STITUTION Length of stay in SEX 6.COL
houl	10	A. USUAL OCCUPATI
G mation should b	worl	done during mat of working
natic	13	FATHER'S NAME
ING form	15	Monroe Was deceased ever
SINDING of inform ses of dez	(Ye	WAS DECEASED EVER
FOR J		DISEASE OR LEADI (This does not me heart failure, asthe injury or complice
MARGIN RESERVED NFADING INK. Ever hysicians: please write	CERTIFICATION	ANTEC. DISEASES OR CC RISE TO THE ABOUNDERLYING CO
IARC FAD rsicia	RTIF	OTHER SIGNIFIC
Phy		TRIBUTING TO THE
TH.	AL	19A. DATE OF OPER
, WI	MEDICAL	21A. ACCIDENT WALLYING OR CONT CAUSE OF DEATH
Jy im	Σ	21D. TIME (Month) OF INJURY
PLA	l.	22. I hereby certi
esp		dcccased alive on
W e		Hac
SE	24	AA. BURIAL, CREMA- ON, REMOVAL (Specify)
A.	3	ULARI

8-120

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1493

BIRTH NO.	
Type or Print) Monroe // I	1953 PAVIS 274469 2. DATE OF DEATH FEB 7
B. PLACE OF DEATH: A. Baltimore City, Maryland Oaler - 2	A. USUAL RESIDENCE (Where deceased lived of institution; residence a. STATE B. COUNTY before admission)
n. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION ONLY OF THE PROPERTY OF THE PR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
SOUND HOPKING HOSPITAL	DHIIMORE
Yrs. Mos. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In lears) If Under 1 Year If Under 24 Hours Instruction Instruction
OA. USUAL OCCUPATION (Give kind of lob, KIND OF BUSINESS OR rik done during mater working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Clerayman	A. C. WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL.	Hudy Hranklin 17/INFORMANT ADDRESS
(If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
1700	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., (A)	mia zmo
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES MAA	honde Cerasis Levice Gen
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)(C)	
	0
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Prostate Hyperplasia You
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., (
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR. OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	2 13 2 - 7
a record of cores a creat I determined the december 1. one	3-, 1953, to 2-7-, 1953 that I last saw the red at 2 40 Am., from the causes and on the date stated above.
23A. SIGNATURE 2	3B. ADDRESS 23C. DATE SIGNED
24A. BURIAL. CREMA- 24B DATE 24B NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (Spate)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 2
OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS 322 /r.

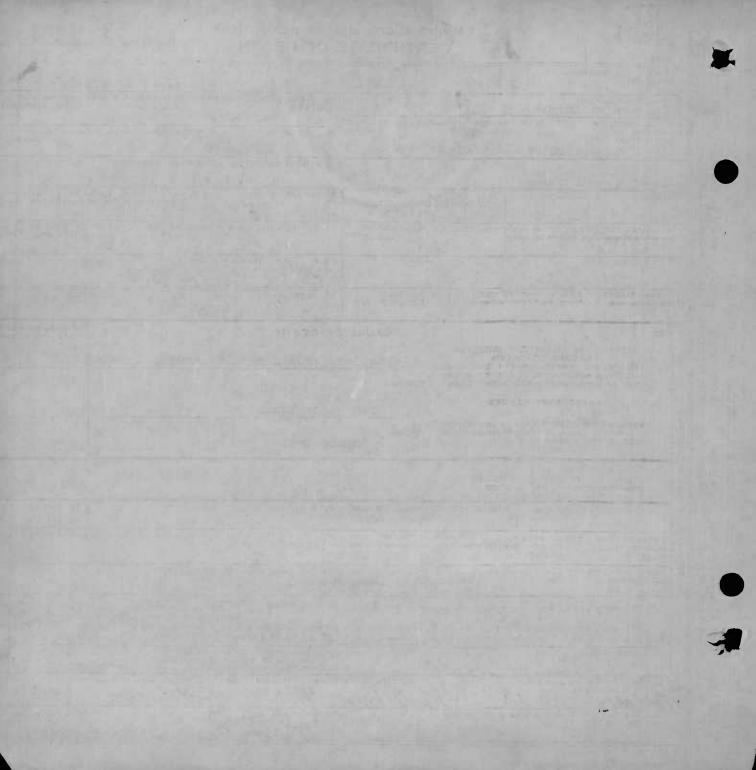
en ell SUR WINDLESSEN TOUR 1494 650

BALTIMORE CITY HEALTH DEPARTMENT

53 1403

	A. MACY III.		CERTIFICATI	E OF DEATH	Regist	tered No.		
1.	NAME OF DECEASED ype or Print)	JOHN	WARREN		2. DATE OF DEATH I	February 5, 1953		
A.	PLACE OF DEATH: Baltimore City, Mary			4. USUAL RESIDEN	MCE (Where deceased B. COU	lived. If institution: residence		
H	OSPITAL OR	ore City Mo	ation, give street address or location)	c. CITY OR TOWN Balti	(If outside corpora	ate limits, write RURAL and give township		
60	0		Yrs. Mos.		(If rural, give loca			
-	Length of stay in Bal		Days E. MARRIED,	8. DATE OF BIRTH	Caroline St	Creet years It Under 1 Year It Under 24 Hour		
	Male Color	ed Wido	WED, DIVORCED (Specify)	May 18	94 58 hirtho	day) Months Days Hours Min		
	A. USUAL OCCUPATION A done during most of working life, ev	(Give kind of ren if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	200 Fi	noh		14 MOTHER'S MAIL	den name	8		
15 (Ye	5. WAS DECEASED EVER IN L horov unknown) (If yes, give	S. S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	tinch	ADDRESS		
	18. 422,1		CAUSE	OF DEATH		INTERVAL BETWEE		
	DISEASE OR COM	NDITION DIRECTLY TO DEATH			a			
	(This does not mean the heart failure, asthenia, injury or complication	the mode of dying, e etc. It means the dise	ase,	sclerotic car	olovascular (disease		
	ANTECEDENT CAUSES Bronchopneumonia							
z	DISEASES OR COND		ING (B)	nophedmonica				
DE	RISE TO THE ABOVE OF UNDERLYING COND	AUSE (A) STATING		niectasis				
2			(6)					
ERTIFICATION	OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DISEASE OR (ATH, BUT NOT RELA	TED			4		
O	19A. DATE OF OPERATI		R FINDINGS OF OPER	ATION		20. AUTOPSY?		
EDICAL	21A. EXTERNAL CAUSE UNDERLYING OR C UTING CAUSE OF	ONTRIB. about home	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,			e City, give exact location)		
Σ	21D. TIME (Month) (Do OF INJURY	ay) (Year) (Hour)	21E. INJURY OCCURR WHILE AT WORK	ED 21F. HOW DID I	INJURY OCCUR?			
	22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from							
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\supresset \), homicide \(\supresset \), undetermine							
	23A. SIGNATURE	- Warus		23B. CHIEF MED ASSISTANT MED .D. MEDICAL INVES	DICAL EXAMINER	February 6, 195		
8	ON REMODEL (Speciey)	10 1963	MUND PLANETE	RY OR CREMATORY	Mudoll	Stek (State)		
TTO	ATE RECEIVED BY DEC	GISTRAR'S SIGNAT	J C) A	SKA DIRE	Millian	ADDRESS 30 2		
V	S 151		976	99	- Harrison	Winning M		

9



MEDICA

	R-612			53	1.895
5	2 1495 BAL	TIMORE CITY HE	ALTH DEPARTMENT	00	TUBLUST
4	0	CERTIFICATI		Registered No	
ві	RTH NO.		- OF BEATTI		-
	NAME OF DECEASED (har	les Ro	hrback.	2. DATE OF DEATH PL. 7	,1953
A.	PLACE OF DEATH: Baltimore City, Maryland Med.	Opl 6	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution: residence before admission)
H	FULL NAME OF (If not in hospital or institution) SPITAL OR STITUTION HOPKINS	HOSPITAL docation	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
-	2		D. STREET ADDRESS (If a	lemor	e 13
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If I	J. Broe	Luras
5.	SEX 6. COLOR OR RACE 7. SINGLE WIPOW	MARRIED, ED, BIVORCED (Speny)	6. 25. ' 70	9. AGE (In years If Undo last birthday) Months	Days Hours Miy.
10 rorl	A. USUAL OCCUPATION (Give kind of dope during most of working the even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
5	FATHER'S NAME Rohrbac	h	14. MOTHER'S MAIDEN NA	the Kru	aft
10	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, ng-ot-unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKIN	S HOSPITAL	RES
	18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0	on him Heut	1. Our	6 new.
	(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused death.				w nw.
7	ANTECEDENT CAUSES	Gerter	cosclustie can	deoroscular	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	G DUE TO	/		2 / 40
FICA	C.I.D.E.I.R.O. CONDITION EAST.	(C)	disease		
CERTIF	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	D			
1	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ebout bome, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from ! and that death occurred at 7: deceased alive. 23A. SIGNATL

238. ADDRESS

21F. HOW DID INJURY OCCUR?

m. from the causes and on the date stated above. 23c, DATE SIGNED

195 3that I last saw the

YES 1

(If in Baltimore City, give exact location)

24A BURIAL CREMA-REGISTRAR'S SIGNATURE

DATE RECEIVED BY REGISTRAR

25 FUNERAL DIRECTOR

30

21c. WHERE DID

INJURY OCCUR?

ADDRESS

VS 150

(State)

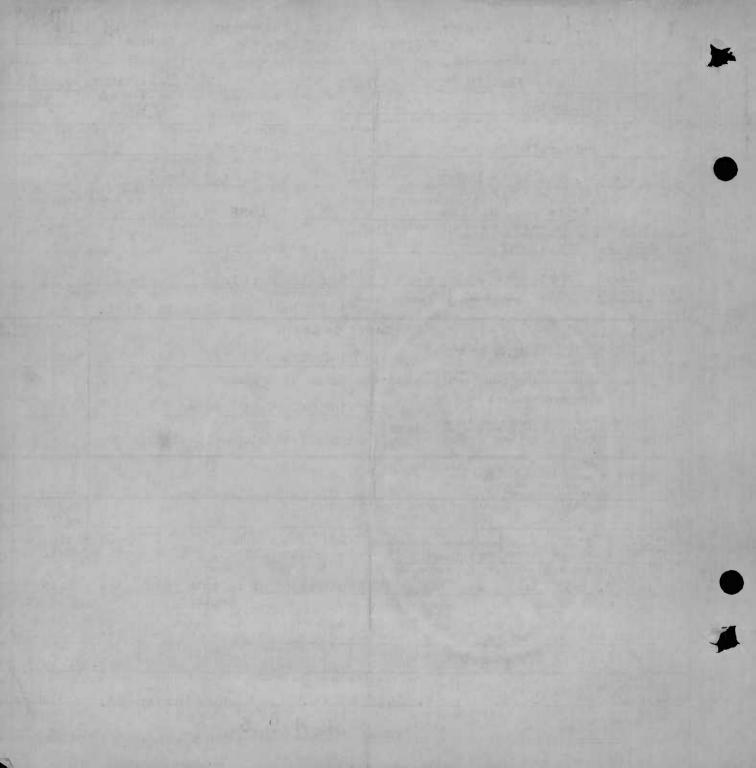
And September 1 -----The Mille It See Secretar

BINDING

FOR

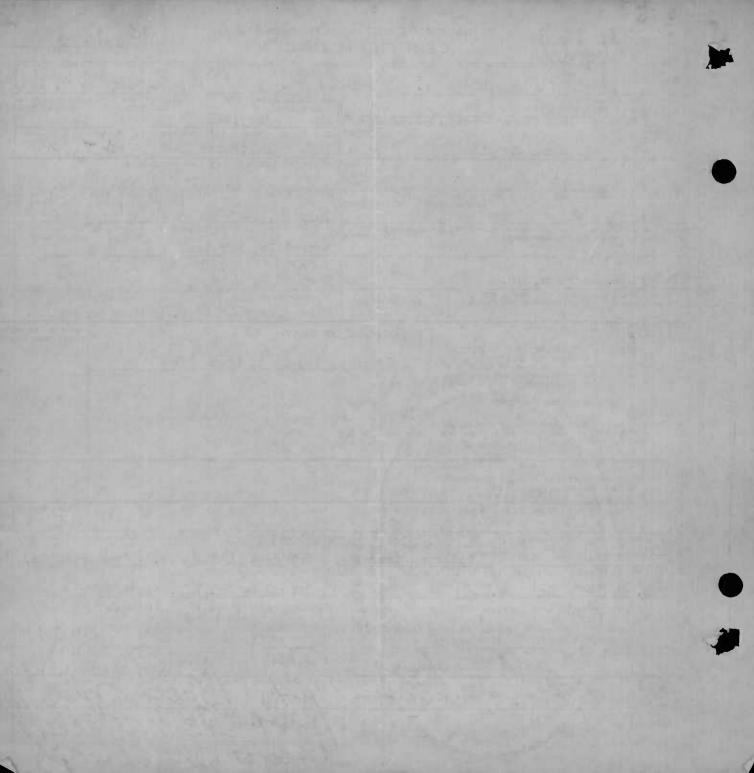
RESERVED

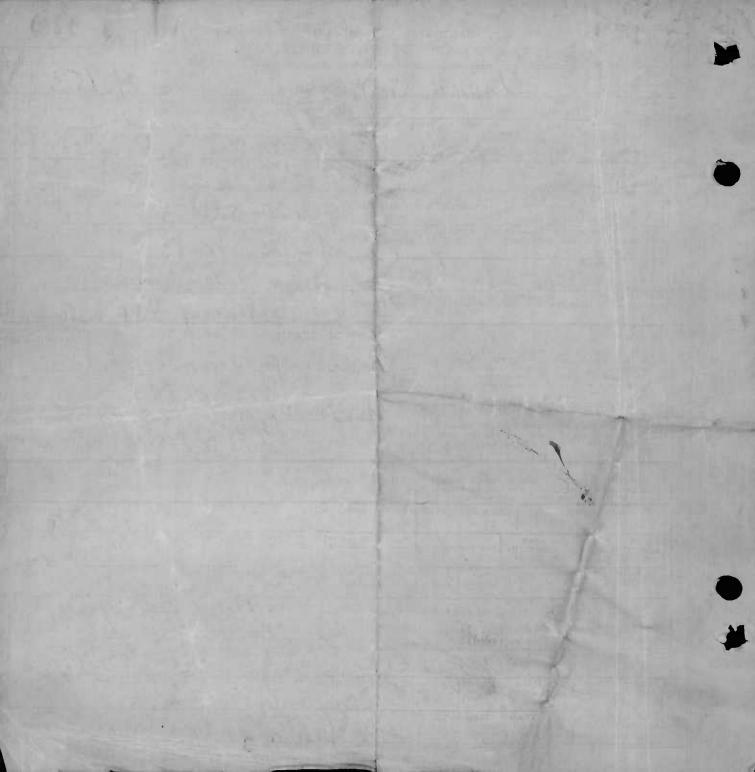
MARGIN



J- 33	SO 1403
BIRTH NO.	on Res.

BIR	OU HTS	in Klu,		CERT	FICATI	E OF DEATH	Registere	d No.
	NAME OF D pe or Print)		BERT	W.	JACK	SON, JR.	2. DATE OF DEATH Feb	ruary 9, 1953
	PLACE OF D Baltimore (EATH: City, Maryland				4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	
HO	SPITAL OR			ion, give str	eet address or location)		(If outside corporate li	mits, write RURAL and giv
21	0	St. Agnes Ho	spital		Yrs.	Baltimo		0-00
-		tay in Baltimore	CINCLE	E MADDIE	Mos. Days	261 S.	Hilton Street	
	ale	White		E, MARRIE VED, DIVOR	CED (Specify)	July 10. 1949	last birthday)	H Under 1 Year H Under 24 Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S	NAME				Rockville, Mar 14. MOTHER'S MAIDEN		
		Jackson, Sr.		16. SOCI	AI	Barbara Ruthvi	n	
(Yes,	no or unknown)	(If yee, give war or date	s of service)	SECL	PRITY NO.	17. INFORMANT Elise Tracy -	261 S. Hilto:	n Street
	18. F. X	024.			CAUSE	OF DEATH		INTERVAL BETWEE
ERTIFICATION	OTHER S	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST CONDITION LAST CONDITION TO THE DEATH, BUT DISEASE OR CONDITION	STATING TO AST. STIONS COUNTY NOT RELAT	N. (C)	го			
L	19A. DATE (OF OPERATION 1	9B. MAJOR	FINDING	S OF OPER	ATION		20. AUTOPSY?
ME	21D. TIME OF INJURY	NAL CAUSE WAS GEOR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home,	lroad 21E. INJUE	JURY (e.g., i creet, office bldg., i tracks RY OCCURR NOT WHILE AT WORK	Bridge at Ca	ton Ave. & F	y, give exact location)
	22. I certi	fy that I took char idence obtained by	ge of the	opsy, Insp	described of	bove, held an inspect Autops Inquiry, find that said In accident XX suice	tion & inqui y, Inspection or Inqui deceased died on de [], homicide [TY thereon and from the day stated above undetermined [
24	23A. SIGNA	CREMA- 248. DATE	53	She Lou		23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG RY OF CREMITY ORY 240	L EXAMINER XI LA EXAMINER ATOR IL COLOR (City, to	Pebruary 9, 195 wn or county) (Style)
LO	TE RECEIVE	BBY REGISTRAR	SSIGNATU	JRÉ	3,9	25 RUNERAY DIRECTO	XB.M. U	Calley)
VS	151	803.20				Gracet	Otreck	Ey As





BALTIMORE HEALTH DEPARTMENT

egistered	No	1500
egistereu	740-	

collect or institution of the collection of the	M. ofree	4. USUAL RESIDENCE (W)	2. DATE OF DEATH 2 -	7-53
	Balton, give street address or	4. USUAL RESIDENCE (W		
not in nospital or institutio	n. Tive street address or	A. STATE THE	here deceased lived. If ins	titution: residence before admission)
1 × 1 / / / /	location)	12-17/	12.1	vrite RURAL and give township)
007 250	Yrs. Mos.	1 1 1 1 1 1 1 1 1 1 1 1		2.1
R OR RACE 7. SINGLE.	MARRIED. D. DIVORCED (Specify)	B. DATE OF BIRTH		or 1 Year M Under 24 Hours as Days Hours Min.
N (Givekindof) 10B. KIND		11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
Dallo Pallo	Drick Co-	14. MOTHER'S MAIDEN NA	ME /	4.s.a.
NU, S. ARMED FORCES?	16. SOCIAL	Olizaleth 17, INPORMANT	Hedrich	RESS
Rive war or dates or service)		Frances druce	n-1804	Margh H
IG TO DEATH	0	OF BEATH	l. T	ONSET AND DEATH
ia, etc. It means the disease,	DUE TO E	velontone V	Lo levre	Jan.
E CAUSE (A) STATING THE	DUE TO			
DEATH, BUT NOT RELATED				
Hallan III x 7		ATION		20. AUTOPSY?
			in Baltimore City, give	
wı	HILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
y that I attended the d	eceased from	, 1953, to		that I last saw the
196 3 a				date stated above.
24B. DATE 2.	4c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or	county) (State)
REGISTRAR'S SIGNATUR	1766 //	25. FUNERAL DIRECTOR	Zalle A	DDRESS
Huntington 11		Tilly & ofile	- ale 4	(03).
	NU, S. ARMED FORCES? give war or dates of service) CONDITION DIRECTLY IG TO DEATH In the mode of dying, e. g., i.i.a, etc. It means the disease, tion which caused death.) CDENT CAUSES NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE INDITION LAST. II ANT CONDITIONS CON- DEATH, BUT NOT RELATED R CONDITION CAUSING IT. ATION 19B. MAJOR S UNDER. RIBUTING 21B. PLAC about home, far (Day) (Year) (Hour) 2 WI The property of th	Baltimore OR OR RACE OR OR RACE ON (Give kind of lob. KIND OF BUSINESS OR INDUSTRY ON (Give wan if retired) ON (Give wan if retired) ON (Give kind of lob. KIND OF BUSINESS OR INDUSTRY ON (Give wan or dates of service) ONDITION DIRECTLY ONDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE ONDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE ONDITION LAST. ONDITIONS CONDEATH, BUT NOT RELATED R CONDITION CAUSING IT. ATION 198. MAJOR FINDINGS OF OPER ONDITION SUMPLE CONTROL OF INJURY (e.g., in about home, farm, factory, street, office bldg., or individual of the deceased from the cause of the control of the cause of the caus	Saltimore Saltimore OR OR RACE OR OR OR RACE OR OR OR RACE OR OR OR RACE OR OR OR RACE OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR OR	Saltimore Rorrace R

290241

